

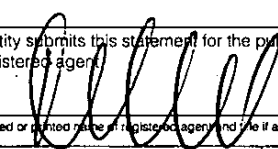
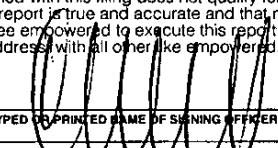


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90112 005 \*\*\*150.00

<b>DOCUMENT # P99000048489</b> 1. Entity Name <b>BRMG, INC.</b>					
Principal Place of Business <b>2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>			Mailing Address <b>2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>1001 NW 13 Street</b>		3. Mailing Address <b>1001 NW 13 Street</b>		<b>50026146</b> 	
Suite, Apt. #, etc. <b>#101</b>		Suite, Apt. #, etc. <b>#101</b>		03012005    Chg-P    CR2E034 (10/03)	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-0928013</b>	
Zip <b>33486</b>		Country <b>33486</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEINER, STANLEY MD 2900 N. MILITARY TRAIL STE 240 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Kubiak, Carolyn DO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 NW 13 Street, #101</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33486</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Carolyn Kubiak, D.O.</b> DATE <b>3/8/2005</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CASTELLANOS, JOSE V MD 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>METZGER, CHARLES JR MD 2900 N. MILITARY TRAIL STE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST. <input type="checkbox"/> Delete <b>METZGER, CHARLES E MD 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D 1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CHIE-FOR, BASIL S.H. MD 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KUBIAK, CAROLYN DO 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/P 1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>WEINER, STANLEY MD 2900 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/V 1001 NW 13 Street, #101 Boca Raton, FL 33486</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. <b>SIGNATURE:</b>  <b>Carolyn Kubiak, D.O.</b> Date <b>3/8/2005</b> Daytime Phone # <b>(561) 995-7800</b>					