

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048489

Entity Name: BRMG, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

1001 NW 13TH ST
#101
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1001 NW 13TH ST
#101
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0928013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBIAK, CAROLYN
101 NW 13TH ST #101
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CASTELLANOS, JOSE V MD
Address: 1001 NW 13 ST #101
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: METZGER, CHARLES JR MD
Address: 1001 NW 13 ST #101
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: METZGER, CHARLES E MD
Address: 1001 NW 13 ST #101
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: CHIE-FOR, BASIL S.H. MD
Address: 1001 NW 13 ST #101
City-St-Zip: BOCA RATON, FL 33486

Title: DP () Delete
Name: KUBIAK, CAROLYN DO
Address: 1001 NW 13 ST #101
City-St-Zip: BOCA RATON, FL 33486

Title: DV () Delete
Name: WEINER, STANLEY MD
Address: 1001 NW 13 SY #101
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN KUBIAK

DO

03/20/2007

Electronic Signature of Signing Officer or Director

Date