2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P99000048489

Entity Name: BRMG, INC.

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	(X) Delete
Name:	METZGER, CHARLES JR MD	
Address:	1001 NW 13 ST #101	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	(X) 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 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 P 04/09/2008

Electronic Signature of Signing Officer or Director — Date