2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 08:00 AM **DOCUMENT # V14930 Secretary of State** B.M.G. PROFESSIONAL SERVICES CORP. Principal Place of Business Mailing Address 1200 NW 78 AVE. 1200 NW 78 AVE. STE 216 STE 216 MIAMI, FL 33126 MIAMI, FL 33126 US CR2E034 (10/03) 01152004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0330244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMOSEN, BERNARDO A. DO NOT WRITE 4922 NW 5 ST. MIAMI, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TOLE GERMOSEN, BERNÁRDO A. NAME 4922 NW 5 ST. STREET ADDRESS COY-ST-ZIP MIAMI, FL 33134 U000000007079 01/20/04-80008-023 150.00 TITLE GERMOSEN, MILAGROS J. NAME STREET ADDRESS 4922 NW 5 ST. MIAMI, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE THLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with fall flying 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 supplier entail 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 of truster 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 other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTO

NARDO GERMOSEN

15/04 (305)7874079

FILED