

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90013 021 ***150.00

DOCUMENT # V14930

1. Entity Name
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 US MIAMI, FL 33126 US

2. Principal Place of Business - No. P.O. Box # 3. Mailing Address

4922 N.W. 5th Street **4922 N.W. 5th Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FLA **MIAMI, FLA**

Zip Country Zip Country

33126 **DADE** **33126** **DADE**

6. Name and Address of Current Registered Agent

GERMOSEN, BERNARDO A.
4922 NW 5 ST.
MIAMI, FL 33134

40028828



02172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0330244 ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

☐ ☐

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00.

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GERMOSEN, BERNARDO A.	
STREET ADDRESS	4922 NW 5 ST.	
CITY - ST - ZIP	MIAMI, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERMOSEN, MILAGROS J.	
STREET ADDRESS	4922 NW 5 ST.	
CITY - ST - ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02 18 08** Daytime Phone # _____