

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90154 050 ****61.25

DOCUMENT # N00000001328



1. Entity Name
BUSINESS REFERRAL GROUP, INC.

Principal Place of Business
**2701 PONCE DE LEON
 SUITE 302
 CORAL GABLES, FL 33134**

Mailing Address
**2701 PONCE DE LEON
 SUITE 302
 CORAL GABLES, FL 33134**

50024201



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0950866

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JOHN C
~~2701 PONCE DE LEON SUITE 302~~ *540 BILTMORE WAY*
 CORAL GABLES, FL 33134**

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)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ADAMS, JOHN C**
 STREET ADDRESS **2701 PONCE DE LEON, #302**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** Change Addition
 NAME **Adams, John C**
 STREET ADDRESS **540 Biltmore Way**
 CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE **P** Delete
 NAME **PAUL, ADELE**
 STREET ADDRESS **2434 SW 28 LN.**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **DIRECTOR** Change Addition
 NAME **PAUL ADELE**
 STREET ADDRESS **2434 SW 28 LN.**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **TD** Delete
 NAME **LAMBERTI, DOMINIC**
 STREET ADDRESS **2330 S.W. 27TH TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **PRESIDENT** Change Addition
 NAME **SCOTT, BRIAN**
 STREET ADDRESS **703 WATERFORD WAY, SUITE 300**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **S** Delete
 NAME **MIDDLESTANDT, ELAINE**
 STREET ADDRESS **2222 PONCE DE LEON BLVD 4TH FLOOR**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DIRECTOR** Change Addition
 NAME **GROWTHER, COMME**
 STREET ADDRESS **269 GIRAZOLA AVE, SUITE 302**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** Delete
 NAME **DECARIO, VICTOR**
 STREET ADDRESS **8255 SW 86 TERR**
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **DIRECTOR** Change Addition
 NAME **SHEPARD, JONATHAN**
 STREET ADDRESS **2 ALHAMBRA PLAZA, SUITE 105D**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** Delete
 NAME **RISTINE, ELIZABETH**
 STREET ADDRESS **9731 SW 20TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: *John C Adams, TREASURER* Date *3/7/05* 305-740-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #