
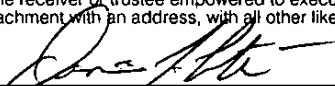


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90175 050 ****61.25

DOCUMENT # N00000001328			
1. Entity Name BUSINESS REFERRAL GROUP, INC.			
Principal Place of Business 420 S DIXIE HWY SUITE 2B CORAL GABLES, FL 33146		Mailing Address 420 S DIXIE HWY SUITE 2B CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMS, JOHN C 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		\$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	P <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISTINE, ELIZABETH M	NAME	RISTINE, ELIZABETH M.
STREET ADDRESS	3610 SW 13TH ST	STREET ADDRESS	3610 SW 13TH ST.
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMY, AZNABAY	NAME	CASTILLO, CARLOS
STREET ADDRESS	703 WATERFORD WAY, STE 300	STREET ADDRESS	1550 MADRUGA AVE, SUITE 504
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERTI, DOMINIC	NAME	
STREET ADDRESS	2330 S.W. 27TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, DEREK	NAME	
STREET ADDRESS	2525 PONCE DE LEON BLVD, #600	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWTNER, CONNIE	NAME	
STREET ADDRESS	269 GIRALDA AVE, SUITE 302	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ROBERT	NAME	SARA GRANZOTTI
STREET ADDRESS	283 CATALONIA AVE	STREET ADDRESS	23500 SW 182 AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	HOMESTEAD, FL 33031
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 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: 		DOMINIC LAMBERTI TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		4/25/08	305-740-9200