

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001328

FILED
Apr 21, 2009
Secretary of State

Entity Name: BUSINESS REFERRAL GROUP, INC.

Current Principal Place of Business:

420 S DIXIE HWY
SUITE 2B
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

420 S DIXIE HWY
SUITE 2B
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0950866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN C
540 BILTMORE WAY
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RISTINE, ELIZABETH M
Address: 3610 SW 13TH ST
City-St-Zip: MIAMI, FL 33145

Title: VP () Delete
Name: CASTILLO, CARLOS
Address: 1550 MADAVGA AVENUE, SUITE 504
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: LAMBERTI, DOMINIC
Address: 2330 S.W. 27TH TERRACE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: COHEN, DEREK
Address: 2525 PONCE DE LEON BLVD, #600
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CROWTNER, CONNIE
Address: 269 GIRALDA AVE, SUITE 302
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: GARAOTTI, SARA
Address: 23500 SW 182 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CASTILLO, CARLOS
Address: 1550 MADAVGA AVENUE, SUITE 504
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GROSS, LOUISE
Address: 3685 BATTERSEA RD
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change () Addition
Name: CROWTHER, CONNIE
Address: 2506 PONCE DE LEON, STE 101
City-St-Zip: CORAL GABLES, FL 33134 60

Title: VP (X) Change () Addition
Name: GRANZOTTI, SARA
Address: 23500 SW 182 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIC L LAMBERTI

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04/21/2009

Electronic Signature of Signing Officer or Director

Date