


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90273 015 ***150.00

DOCUMENT # P01000004474

1. Entity Name
BAGUA INC.



Principal Place of Business: **142 SE 6 AVE DELRAY BEACH FL 33483**

Mailing Address: **624 NW 13 STREET #31 BOCA RATON FL 33486**



MOORE CR2E034 (11/03)

2. Principal Place of Business: **Same**

3. Mailing Address: **142 SE 6th Ave**

Suite, Apt. #, etc.: **D & E**

City & State: **DeLray Beach**

Zip: **33483** Country: **P. Beach**

4. FEI Number: **65-1066892**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, EDUARDO
624 NW 13 STREET #31
BOCA RATON FL 33486

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: GARCIA, EDUARDO	
STREET ADDRESS: 624 NW 13 ST #31	
CITY-ST-ZIP: BOCA RATON FL 33483	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: ARAGON, ZULMA	
STREET ADDRESS: 624 N.W. 13 ST. #31	
CITY-ST-ZIP: BOCA RATON FL 33486	
TITLE: VP	<input type="checkbox"/> Delete
NAME: PORRAS, EVA	
STREET ADDRESS: 624 NW 13 ST #31	
CITY-ST-ZIP: BOCA RATON FL 33486	
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
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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **Eduardo Garcia 4-20-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #