2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052272

1. Entity Name

TGBG, CORP.

Principal Place of Business	Mailing Address
P.O. BOX 831633	??P.O. BOX 831633
MIAMI, FL 33283	MIAMI, FL 33283

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **01-0577200** | Applied For / Not Applicable

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
CARNICER, RAFAEL R	Name
6650 SW 90TH COURT	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33173	
	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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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 | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			TITLE			
TITLE	PT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CARNICER, RAFAEL R		NAME			
STREET ADDRESS	6650 SW 90TH COURT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP			
TITLE	VS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MILAGROS, CARNICER		NAME			
STREET ADDRESS	6650 SW 90TH COURT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03   Date

305-281 0385   Daytime Phone #