


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 017 ***150.00

DOCUMENT # P03000114740

1. Entity Name
BGB CHANNEL CONSULTANTS, CORP.



Principal Place of Business Mailing Address

11355 N.W. 56TH TERR 11355 N.W. 56TH TERR
 MIAMI, FL 33178 MIAMI, FL 33178



2. Principal Place of Business 3. Mailing Address

4000 TORCE DE LEON BLVD 4000 TORCE DE LEON BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
470 470

03092004 Chg-P CR2E034 (10/03)

City & State City & State

CONAT GABLES, FLORIDA CONAT GABLES, FLORIDA

Zip Country Zip Country
33146 USA 33146 USA

4. FEI Number Applied For
30-0450403 Not Applicable

6. Name and Address of Current Registered Agent

GOLINDANO, CARLOS E
 11355 N.W. 56TH TERR
 MIAMI, FL 33178

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

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 *Carlos Golindano* DATE 03/09/04

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOLINDANO, CARLOS E	
STREET ADDRESS	11355 N.W. 56TH TERR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DMGR	<input type="checkbox"/> Delete
NAME	PESTANA, JAVIER	
STREET ADDRESS	6500 N.W. 114TH AVE #1005	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE: *Carlos Golindano* DATE 03/09/04 (305) 777-0486

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