

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 29, 2005 8:00 am
Secretary of State

05-06-2005 90107 007 ***150.00

DOCUMENT # P04000017961	
1. Entity Name BGAN GROUP, INC.	

Principal Place of Business 1001 S DALE MABRY HWY TAMPA, FL 33629	Mailing Address 1001 S DALE MABRY HWY TAMPA, FL 33629
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66023935



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

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
34-1976336 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CAPORICE, NELSON % ALBANO & ASSOCIATES 1508 E MARTIN L KING BLVD TAMPA, FL 33610		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Nelson Caporice* (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / SECRETARY</u> <u>BISSELT BISSRAT</u> <u>18912 FISHERMAN BLVD</u> <u>LUTZ, FL 33558</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GETASHEW KIDANE</u> <u>1819 FISHERMAN BLVD</u> <u>LUTZ, FL 33558</u> <u>VICE-PRESIDENT / TREASURER</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bisselt Bissrat* 4-29-05