

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

04 FEB -3 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020965

1. Entity Name
BAGS TO GO INC.



Principal Place of Business
218 COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308

Mailing Address
218 COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308



2. Principal Place of Business

3. Mailing Address
5295 TOWN CENTER RD

Suite, Apt. #, etc.
101

01212004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON FL

Zip
33486

Country
PALM BEACH

4. FEI Number
65-0900793

Applied For
 Not Applicable

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

B. Name and Address of Current Registered Agent

MICHAELS, KEITH
218 COMMERCIAL BLVD.
SUITE 101H
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

State
FL

Zip Code
32301

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: *Maureen Cullen* **Maureen Cullen Asst Vice Pres** 2/2/04

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

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 NAME STREET ADDRESS CITY - ST - ZIP	P MICHAELS, KEITH 218 COMMERCIAL BLVD FORT LAUDERDALE, FL 33308
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RICHARD ALTOMARE 5295 TOWN CENTER ROAD SUITE 101 BOCA RATON FL 33486
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100028168401

12. I hereby certify that the information supplied with this filing does not qualify for the exemption created in Section 19.07(3)(f), 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: *Richard Altomare* **RICHARD ALTOMARE** 1/28/03 5613676177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 420704 4347038

AUTHORIZATION

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : February 2, 2004

ORDER TIME : 12:42 PM

ORDER NO. : 420704-010

CUSTOMER NO: 4347038

CUSTOMER: Mr. Chris G. Gunderson
Universal Express Inc.
Suite 771, Rockefeller Center
1230 Avenue Of The Americas
New York, NY 10020

CHANGE OF AGENT

NAME: BAGS TO GO INC.

RECEIVED
04 FEB - 3 PM 2:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 2932

EXAMINER: _____