2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 16, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P99000020965 1. Entity Name BAGS TO GO INC.					Secretary of State
Principal Place of Business Mailing Address					<u>.</u>
218 COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 US		218 COMMERCIAL BLVD, FT. LAUDERDALE, FL 33308		US	A STATEMENT OF SECTION CONTRACTOR AND A STATEMENT OF SECTION AND A STATEMENT OF SECTION AND ASSESSMENT OF SECTION AND ASSESSMENT OF SECTION AND ASSESSMENT OF SECTION AND ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT ASSESS
2. Principal Place of Business		3. Mailing Address			
Suite, Apt.		Suite, Apt. #, etc.			06062005 Chg-P CR2E034 (10/03)
City & Stat	·	City & State			4. FEI Number Applied For 65-0900793 Not Applicable
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired S8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
WIATER, KEITH P 218 COMMERCIAL BLVD.					P.O. Box Number is Not Acceptable)
FT. LAUDERDALE, FL 33308					
				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.					
SIGNATURESignature, typedfor printed name of rogistered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be					
Di	ue by September 7, 2005	Trust Fund Con			ed to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPS	Defete_	TITL		☐ Change ☐ Addilion
NAME STREET ADDRESS	WIATER, KEITH 218 COMMERCIAL BLVD.		NAM	E ET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	_	1	-ST-ZIP	
TITLE		☐ Delete	TIŢĻÌ		☐ Change ☐ Addition
NAME			MAM		U0000369612 06/16/05-80002-010 550.00
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP	06/16/05-80002-010 550.00 (
TITLE		Delete	TITLE		☐ Change ☐ Addition
NAME			NAM	E	
STREET ADDRESS	15			ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
NAME		☐ Delete	TITLE Nami		☐ Change ☐ Addition
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			СПУ	-ST-ZiP	
TITLE	-	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			MAM	E Et address	
CITY-ST-ZIP				-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAMI	1	· _ ·
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS ST-2IP	
12. I hereby p	ertify that the information supplied with	this filing does not qualify for	r the ever	antion stated in Sec	ction 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR