2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 22, 2007 08:00 AM Secretary of State DOCUMENT # \$55944 B. G. CORPORATION OF LANTANA, INC. Principal Place of Business Mailing Address 874 N. DIXIE HWY LANTANA FL 33462 874 N. DIXIE HWY LANTANA FL 33462 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 65-0272748 Not Applicable Country Zip Country 7ip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHOWDHURY, MAKSUDUL H Street Address (P.O. Box Number is Not Acceptable) 1331 S. FEDERAL HWY **APT #2** LAKE WORTH FL 33460 Zip Code City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition HILE ☐ Delete TIME: Change U00000675310 03/30/07-80014-010 150.00 RAHMAN, REZAUR NAME NAME. 9225 OLMSTEAD DRIVE STRIET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CHY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE CHOWDHURY, MAKSUDUL H NAME NAME: 1331 S. FEDERAL HWY, APT #2 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP Addition Delete HILE THE FARID, AKHAND A NAMI. NAME 1426 S-N ST STRUET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-7IP CITY-ST-74P Detete ■ Addition шц ☐ Change TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change THE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY ST-719 ☐ Change Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath; 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 attacoment with an address. With all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 561-588-6768 Daytime Prione *