2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L69212

FILED Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90034 050 ***150.00

Principal Place of Business	Mailing Address	
6050 BABCOCK ST #28 PALM BAY, FL 32909	6050 BABCOCK ST #28 Palm Bay, FL 32909	
2. Principal Place of Business - No P.O Box #	3. Mailing Address	

1. Entity Nam B AND Z		G, INC.								
Principal Plac		5	Mailing Address	1,		61	0026175			
6050 BABCO #28			6050 BABCOCK ST #28			, ,				
PALM BAY, F	L 32909		PALM BAY, FL 32909				8 3110 18418 11881 41818 118	2 11 1 2 2 1	# 1130 A130 A1	
2. Principal P	_	ess - No P.O Box#	3. Mailing Address 6050 BABCO	CV 5-01	POT					
Suite, Apt.	#, etc.	Ch sinci	Suite, Apt. #, etc.	CK SIN	<u> </u>	02212007	Chg-P	CR2E0	34 (12/06)	
City & Stat			Suite 7-8 City & State			4. FEI Numb	er			pplied For
PALM	BAY, I	FCORTOA Country	PALM BAY	FLORI	DA	59-301	0854			ot Applicable
3 <u>2</u> 909	ì]	USÁ	32909	AZU		5. Certificate	of Status Desired		\$8.75 Ade Fee Require	
	6. Name	and Address of Current	Registered Agent	Narr	ne	7. Name and	Address of New R	Registered /	Agent	
SALVESO 9567 PARI				Stree	et Address (P.O. Box Numb	er is Not Acceptable	e)		
MICCO, FI							· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
				City				FL	Zip Cod	le
8. The above	named entity	y subjects this statement fo	r the purpose of changing its	registered offic	e or register	red agent, or bo	oth, in the State of Flo		familiar with,	and accept
the obligat	ions of regist	aford agen:	Leura -					21.0	/ ₂ []	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable (HOT)	Registered Agent s	agnature required	twhen reinstating)	· · · · · · · · · · · · · · · · · · ·	3/19	70.1	
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5 .	.00 May Be led to Fees				
After Ma	ay 1, 2007		Trust Fund Cont	ribution.	∐ Add	led to Fees	/CHANGES TO OFF	FICERS AND		
After M	ay 1, 2007	7 Fee will be \$550.0	OO Trust Fund Cont	ribution.	P SAL	ADDITIONS	RANDALL		DIRECTOR Change	IS IN 11
10. TITLE NAME STREET ADDRESS	P SALVENS 9567 PAR	OFFICERS AND SON, RANDALL KKER DR	Trust Fund Cont	TIT. TITLE NAME STREET ADDRE	P SAL	ADDITIONS VESON O BABCO	RANDALL XK ST. #	28		
After Management 10. Title NAME	P SALVENS	OFFICERS AND SON, RANDALL KKER DR	Trust Fund Cont	11. HILL NAME	P SAL 505 PAL	ADDITIONS VESON O BABCO	RANDALL XK ST. # ,FL. 32	28 909	Change	
After Ma	P SALVENS 9567 PAR MICCO, F VP LONEY, D	OFFICERS AND OFFICERS AND SON, RANDALL KER DR 1 32976	Trust Fund Cont	TILLE NAME STREET ADDRE CITY ST ZIP TITLE NAME	P SAL 505 PAL	ADDITIONS VESON O BABCO	RANDALL XK ST. # ,FL. 32	28 909	Change	☐ Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SALVENS 9567 PAR MICCO, F VP LONEY, D 1966 CRA	OFFICERS AND OFFICERS AND SON, RANDALL KER DR 1 32976	Trust Fund Cont	11. ITTLE NAME STREET ADDRE CITY ST ZIP	P SAL 605 PAL CO-	ADDITIONS LVESON O BABCO M BAY - P UEY DF	RANDALL XK ST. # ,FL.32 INE e CREEK	28 909 BLVD,	Change	☐ Addition
After Ma	P SALVENS 9567 PAR MICCO, F VP LONEY, D 1966 CRA	OFFICERS AND OFFICERS AND SON, RANDALL KER DR 1. 32976 DANE ANE CREEK BLVD	Trust Fund Cont	TILLE NAME STREEL ADDRE CITY ST ZIP TITLE NAME STREET ADDRE CITY ST ZIP TITLE THE	P SAL 605 PAL CO-	ADDITIONS LVESON O BABCO M BAY - P UEY DF	RANDALL XK ST. # ,FL. 32	28 909 BLVD,	Change	☐ Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tracked 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 address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR