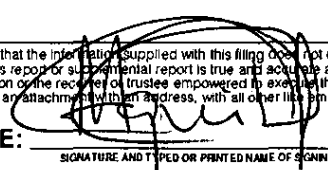


FILED
Sep 22, 2003 8:00 A.M.
Secretary of State

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000019351		
1. Entity Name BFGL CORPORATION		
Principal Place of Business 19451 SHERIDAN STREET # 347 PEMBROKE PINES, FL 33332		Mailing Address 19451 SHERIDAN STREET # 347 PEMBROKE PINES, FL 33332
2. Principal Place of Business 17150 ARVIDA PARKWAY Suite, Apt. #, etc. SUITE # 4 City & State WESTON, FLORIDA Zip 33326 Country USA		3. Mailing Address 17150 ARVIDA PARKWAY Suite, Apt. #, etc. SUITE # 4 City & State WESTON, FLORIDA Zip 33326 Country USA
4. FEI Number 65-0984569		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AGUILAR, LUIS 4299 LAUREL RIDGE CIRCLE WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning.) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$461.26 Make Check Payable to Florida Department of State		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 DIR AGUILAR, LUIS 4299 LAUREL RIDGE CIRCLE WESTON, FL 33331 Delete ☐		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ 800023287168 09/24/03--01012--002 **550.00 8/9/03 Change ☐ Addition ☐
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 recorder 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:  LUIS AGUILAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 09/17/03 (954) 667-1840 Date Daytime Phone #