


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90034 040 ***150.00

DOCUMENT # P00000113048	
1. Entity Name BGVJ, INC.	

Principal Place of Business 5514 PARK BOULEVARD PINELLAS PARK, FL 33781	Mailing Address 5514 PARK BOULEVARD PINELLAS PARK, FL 33781
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50052979



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3709693		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHERRY BEKAERT & HOLLAND ATTN: BOB WHITE PO BOX 300, 1112ND AVE NE SAINT PETERSBURG, FL 33731		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GERNAZIAN, WILLIAM 5514 PARK BOULEVARD PINELLAS PARK, FL 33781	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William Gernazian, President **5-17-05** **727 546-8084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William Gernazian

681 727 709-6334

May 17, 2005

#000000113048
52052929

Florida Dept of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Ms:

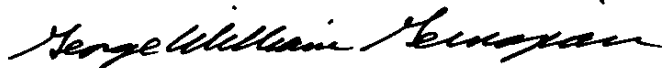
This Annual Report is being filed late due to an unforeseen medical emergency. On April 25, 2005, the president of BGJV, Inc., William Gernazian collapsed and was taken by ambulance to the Northside Hospital and Heart Institute.

Since April 25th, the days have been dominated by medical tests and health considerations. All business at BGJV was stopped until today, May 17.

- Enclosed:
1. My check in the amount of \$150.00 for the 2005 Annual Report.
 2. Please consider waiving the \$400.00 late fee.
 3. Also enclosed is a copy of the Sunstar Emergency Medical Services (ambulance transport) to the Heart Institute on April 25.

Thanks in advance for your consideration of this request.

BGJV, Inc.



George William Gernazian, President



P O BOX 31074
TAMPA FL 33631-3074

(727) 582-2008

Patient Name: GEORGE GERNAZIAN

From: 6490 90TH AVE, PINELLAS PARK, FL 33782

To: NORTHSIDE HOSP & HEART INST

GEORGE GERNAZIAN
6490 90TH AVE
PINELLAS PARK, FL 33782-4711

Run Number: 05-5254489
Invoice Date: May 09, 2005
Date of Transport: 04/25/2005
Tax ID: 59-6000800
Medicare Prov. #: A0601

Description	Qty.	Price	Adjustment	Amount
A0427 ALS1 Emergency Base Rate	1	451.60	0.00	451.60
A0425 Ground Mileage Up to 50 Miles	4	40.80	0.00	40.80

PLEASE PAY THIS AMOUNT: \$492.40

If you have insurance which covers this service, please complete the back of this form and return in the enclosed envelope. Sunstar will file a claim for you. If you do not have insurance, please pay the balance due.

If you have any questions, call (727) 582-2008

*Charges and payments received after this notice date will appear on your next statement
Please refer to your run number on all correspondence.

*** DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU ***

12490 Ulmerton Road
Largo FL 33774-2703

RETURN SERVICE REQUESTED

May 09, 2005

05-5254489-1

GEORGE GERNAZIAN
6490 90TH AVE
PINELLAS PARK, FL 33782-4711

PATIENT NAME			AMOUNT DUE
GEORGE GERNAZIAN			\$492.40
RUN NUMBER	DATE OF SERVICE	INVOICE DATE	AMOUNT ENCLOSED
05-5254489	04/25/2005	05/09/05	\$492.40

WE ACCEPT



MAKE CHECKS PAYABLE TO

SUNSTAR EMERGENCY MEDICAL SERVICES
P O BOX 31074
TAMPA FL 33631-3074