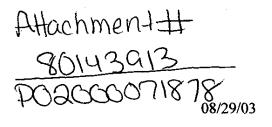
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE

UNIFORM BUSINESS REPORT (UBR)				Sep 04, 2003 8:00 am
DOCUMENT # P02000071878 (2) 1. Entity Name BNG ENTERPRISES, INC.				Secretary of State 09-04-2003 90069 038 ***150.00
Principal Place of Business 8930 N.W. 166TH TERR. MIAMI LAKES FL 33016		Mailing Address 8930 N.W. 166TH TERR. MIAMI LAKES FL 33016	WE WE	
2. Principal Place of Business		3. Mailing Address		- Y LOBENSON THE ORDER CHAIR CONTROL OF THE ORDER CONTROL SERVICE STATE CONTROL OF THE CONTROL O
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	o. Hallo and Addices of Cartella	Tregisterou Agent	Name -	- C
SPIEGEL	& UTRERA, P.A.		(DIRALD C	P.O. Box Number is Not Acceptable)
4TH FLOC	•		8930 N	SW 166 TERRACE
MIAMI FL	<u> </u>		City MIAC	MI LAKES FL Zip Code 33016
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Signature, typed of printed name of registered agent and tale happingable. (NPT). Registered Agent Signature required when reinstating) DATE				
FILE NOW!!!- FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GIRALDO, GEORGINA Z 8930 N.W. 166TH TERR. MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	and officer management of the second	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report of supplemental report is poration or the receiver pirtrustee empore	true and accurate and that my	signature shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if

8/13/07 302-118-289



To whom it may concern:

I called the customer service # 850-245-6056 a couple of days ago & spoke to lady who advised me to send over the original fee of \$150.00 with this letter explaining why. To sum up what happened basically we never got the first notice to file, & all the mailing information is correct, which was why I called your dept. to ask what to do.

thank You,

Georgina Giraldo