
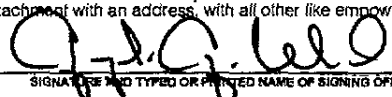


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000035121</b> 1. Entity Name <b>B &amp; G SALES &amp; MARKETING, INC.</b>																																										
Principal Place of Business <b>11405 SW 102 CT MIAMI, FL 33176</b>	Mailing Address <b>11405 SW 102 CT MIAMI, FL 33176</b>																																									
4. FEI Number <b>75-3109802</b>																																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																										
6. Name and Address of Current Registered Agent  <b>MENDOZA, GONZALO 11405 SW 102 CT MIAMI, FL 33176</b>																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>             9. Election Campaign Financing              Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																																										
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>DP</td> </tr> <tr> <td>NAME</td> <td>MENDOZA, GONZALO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11405 SW 102 CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> </tr> <tr> <td>TITLE</td> <td>DS</td> </tr> <tr> <td>NAME</td> <td>MENDOZA, BEATRIZ</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11405 SW 102 CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 50%; text-align: center; padding-top: 50px;"> <b>U00000536937</b>  <b>05/08/06-80111-013 150.00</b> </div> </div>			TITLE	DP	NAME	MENDOZA, GONZALO	STREET ADDRESS	11405 SW 102 CT	CITY-ST-ZIP	MIAMI, FL 33176	TITLE	DS	NAME	MENDOZA, BEATRIZ	STREET ADDRESS	11405 SW 102 CT	CITY-ST-ZIP	MIAMI, FL 33176	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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.																																										
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> <b>4/22/06 (305) 233-7227</b>  <small>Date Daytime Phone #</small> </div> </div>																																										