
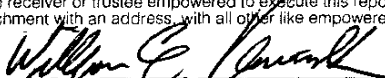


FILED
May 03, 2004 8:00 am
Secretary of State

720104T

DOCUMENT # P03000078089		05-03-2004 90441 047 ***150.00	
1. Entity Name BGM LIMITED, INC.			
Principal Place of Business 9858 GLADES RD. 2000 BOCA RATON, FL 33434		Mailing Address 9858 GLADES RD. 2000 BOCA RATON, FL 33434	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KLAWSNIK, WILLIAM E 3663 MOON BAY WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8450 BLUE CYPRESS DR City LAKE WORTH FL Zip 33467	
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 signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KLAWSNIK, WILLIAM E STREET ADDRESS 3663 MOON BAY CIRCLE CITY-ST-ZIP WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME KLAWSNIK, WILLIAM E STREET ADDRESS 3663 MOON BAY CIRCLE CITY-ST-ZIP WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	