


FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90529 036 ***158.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000105878			
1. Entity Name BGM USED CARS, INC.			
Principal Place of Business 4953 NW 55TH COURT TAMARAC, FL 33319		Mailing Address 4953 NW 55TH COURT TAMARAC, FL 33319	
2. Principal Place of Business 5410 State Rd 84		3. Mailing Address 5410 State Rd 84	
Suite, Apt. #, etc. Bay #5		Suite, Apt. #, etc. Bay #5	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33314	Country USA	Zip 33314	Country USA
4. FEI Number 56-2399970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINGORANCE, LUCIA T 4953 NW 55TH COURT TAMARAC, FL 33319		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 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 NAME STREET ADDRESS CITY-ST-ZIP	President LUCIA T. MINGORANCE 4953 NW 55th Ct TAMARAC FL 33319 <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
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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: _____		Date 4-21-04 Daytime Phone # (954) 585-1080	