

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90066 002 \*\*\*150.00

DOCUMENT # P03000116738

1. Entity Name  
**B&G DIAGNOSTIC SERVICES INC.**



Principal Place of Business  
**444 W 51ST PL**  
**HIALEAH, FL 33012**

Mailing Address  
**444 W 51ST PL**  
**HIALEAH, FL 33012**

40001030



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**83-0375654**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~SANCHEZ GILBERTO~~  
~~830 SW 105 AVE., APT 604~~  
~~MIAMI, FL 33174~~

7. Name and Address of New Registered Agent  
 Name  
**CONCEPCION TORRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20021 NW 64 ST**  
 City  
**MIAMI** FL Zip Code  
**33015**

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 CONCEPCION TORRES *[Signature]* DATE 01/07/08  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VALLE, BASILIO J	
STREET ADDRESS	11501 N.W. 57 COURT	
CITY - ST - ZIP	MIAMI, FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>SANCHEZ, GILBERTO</del>	
STREET ADDRESS	<del>82 SW 105 AVE., APT 604</del>	
CITY - ST - ZIP	<del>MIAMI, FL 33174</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, CONCEPCION	
STREET ADDRESS	20021 NW 64 CT	
CITY - ST - ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE: Basilio J Valle *[Signature]* DATE 1/07/08 305842006  
Signature and typed or printed name of signing officer or director Date (Date/Time/Year)