

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90032 049 \*\*\*150.00

<b>DOCUMENT # P03000129498</b>					
<b>1. Entity Name</b> <b>BG'S MANAGEMENT, INC.</b>					
<b>Principal Place of Business</b> <b>4300 N UNIVERSITY DR STE D-106</b> <b>LAUDERDALE FL 33351</b>			<b>Mailing Address</b> <b>4300 N UNIVERSITY DR STE D-106</b> <b>LAUDERDALE FL 33351</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>20-0382037</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>ALVAREZ, JAMIE ESQ</b> <b>4300 N UNIVERSITY DR STE D-106</b> <b>LAUDERDALE FL 33351</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Joel F. Greenberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 N University Dr.</b> <b>Suite D-106</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33351</b>	
<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.</b> SIGNATURE <b>Joel F. Greenberg, Esq.</b> DATE <b>3/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>GREENBERG, BURTON D</b> <b>4300 N UNIVERSITY DR STE D-106</b> <b>LAUDERDALE FL 33351</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>GREENBERG, SUZANNE</b> <b>4300 N UNIVERSITY DR STE D-106</b> <b>LAUDERDALE FL 33351</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <b>Suzanne Greenberg, Dir.</b> DATE <b>3/29/04</b> DAYTIME PHONE <b>954-741-3800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)