

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


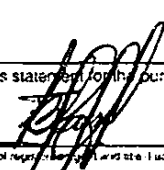
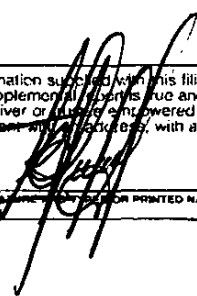
FILED
Apr 03, 2008 8:00 am
Secretary of State

03-12-2008 90027 047 ***158.75

66005758



1st MOORE CR2E034 (10/07)

DOCUMENT # P04000073968 1. Entity Name B & G ROADWAY CORP.			
Principal Place of Business 15100 SW 145 CT MIAMI FL 33186		Mailing Address 15100 SW 145 CT MIAMI FL 33186	
2. Principal Place of Business - No P.O. Box # 15100 SW 145 CT		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33186		Country US	
4. FEI Number 20-1108165		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BLANCHE IBRAHIM 15100 SW 145 CT MIAMI FL 33186	
7. Name and Address of New Registered Agent Name Same		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 		DATE 3/10/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 PD	NAME BLANCHE, IBRAHIM	TITLE 	NAME
STREET ADDRESS 15100 SW 145 CT	CITY-ST-ZIP MIAMI FL 33186	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 all other like empowered.			
SIGNATURE: 		DATE 3/11/08	