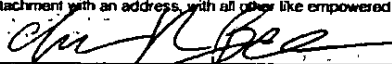


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5 Jun 02, 2005 8:00 am
Secretary of State

05-04-2005 90135 038 ***150.00

DOCUMENT # P04000102935			
1. Entity Name BIGGS MANAGEMENT GROUP, INC.			
Principal Place of Business 2825 S.W. 117TH AVENUE DAVIE, FL 33330		Mailing Address 2825 S.W. 117TH AVENUE DAVIE, FL 33330	
2. Principal Place of Business 4970 SW 52nd St. Suite, Apt. #, etc. DAVIE, FL 33314 City & State Suite 307		3. Mailing Address 4970 SW 52nd St. Suite, Apt. #, etc. Suite 307 City & State DAVIE, FLORIDA Zip 33314 Country BROWARD	
4. FEI Number # 55-0880187		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEROSSET, JAMES B ESQ. 9100 S. DADELAND BLVD SUITE 512 MIAMI, FL 33156		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 amending) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRES BIGGS, CHRISTOPHER N 2825 S.W. 117TH AVENUE DAVIE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BIGGS, BEVERLY F 2825 S.W. 117TH AVENUE DAVIE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BIGGS, CHRISTOPHER F 13878 S.W. 32ND STREET MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		3-31-05 954 321-9678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	