

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90445 036 ***150.00

DOCUMENT # P06000011030

1. Entity Name
B2G VENTURE, INC.



Principal Place of Business
5301 NORTH FEDERAL HIGHWAY
#380
BOCA RATON, FL 33487 US

Mailing Address
5301 NORTH FEDERAL HIGHWAY
#380
BOCA RATON, FL 33487 US

2. Principal Place of Business - No P.O. Box #
2281 NW 53rd ST.
Suite, Apt. #, etc.

3. Mailing Address
2281 NW 53rd ST.
Suite, Apt. #, etc.



04242007 Chg-P CR2E034 (12/06)

City & State
BOCA RATON, FL
Zip **33496** Country **US**

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BOCA RATON, FL
Zip **33496** Country **US**

4. FEI Number **20-4183300**
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINBERG, FRED
2281 NW 53RD STREET
BOCA RATON, FL 33496

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **STEINBERG, FRED**
STREET ADDRESS **2281 NW 53RD STREET**
CITY - ST - ZIP **BOCA RATON, FL 33496**

TITLE **VPS** ☐ Delete
NAME **BLEDSE, JOHN L**
STREET ADDRESS **3420 COUNTRY SQUARE DRIVE #1712**
CITY - ST - ZIP **CARROLLTON, TX 75006**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 237-841-0844