


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000019423</b> 1. Entity Name BG 93 CORPORATION		
Principal Place of Business 7210 S.W. 39TH TERRACE MIAMI, FL 33155		Mailing Address 7210 S.W. 39TH TERRACE MIAMI, FL 33155
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MELQUIADES, GARCIA F 5867 SW 29TH ST MIAMI, FL 33155		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, LAYDA B 7210 SW 39 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, MF 7210 SW 39 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETANCOURT, ROBERT L 7210 SW 39 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETANCOURT, MARIA E 7210 SW 39 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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.		
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0416799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

00000379891  
01/10/06-80034-022 150.00

**DO NOT WRITE  
IN THIS SPACE**