


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000019423 1. Entity Name BG 93 CORPORATION |  |
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|--|--|
| Principal Place of Business 7210 S.W. 39TH TERRACE MIAMI, FL 33155 | Mailing Address 7210 S.W. 39TH TERRACE MIAMI, FL 33155 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent MELQUIADES, GARCIA F 5867 SW 29TH ST MIAMI, FL 33155 | DO NOT WRITE IN THIS SPACE |
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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.

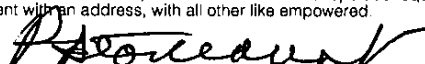
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000666308 03/23/07-80064-004 150.00 |
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| 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 | |

**DO NOT WRITE
IN THIS SPACE**

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:  **3/9/07** **305-260-8997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #