


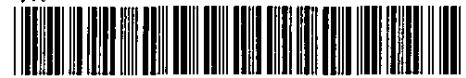
2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90028 008 ***158.75

DOCUMENT # P93000061028	
1. Entity Name B.S.G.L. ENTERPRISES, INC.	

Principal Place of Business 8562 LAWRENCE RD BOYNTON BEACH FL 33436	Mailing Address 8562 LAWRENCE RD BOYNTON BEACH FL 33436
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2. Principal Place of Business - No P.O. Box # 9276 104th AVE Suite, Apt. #, etc.	3. Mailing Address 9276 104th AVE Suite, Apt. #, etc.
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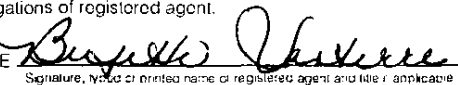
1st MOORE CR2E034 (10/06)

City & State VERO BEACH FL	City & State VERO BEACH FL
Zip 32967	Zip 32967
Country USA	Country USA

4. FEI Number 65-0430884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANTERRE, BRIGITTE 8562 LAWRENCE RD BOYNTON BEACH FL 33436
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7. Name and Address of New Registered Agent Name SANTERRE, Brigitte Street Address (P.O. Box Number is Not Acceptable) 9276 104th AVE City VERO BEACH FL Zip Code 32967
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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 	BRIGITTE SANTERRE	02-23-07
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when registering)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
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10. OFFICERS AND DIRECTORS																			
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																			
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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 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: 	BRIGITTE SANTERRE	02/23/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>