


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90715 044 ***150.00

DOCUMENT # P97000040632		
1. Entity Name BSG DEVELOPMENT CORP.		

Principal Place of Business 420 LINCOLN ROAD STE 448 MIAMI BEACH, FL 33139	Mailing Address 420 LINCOLN ROAD STE 448 MIAMI BEACH, FL 33139
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2. Principal Place of Business 5996 SW, 70 th Street Suite, Apt. #, etc.	3. Mailing Address 5996 SW, 70 th Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33143	Zip 33143
Country	Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0753675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOOMBERG, RONALD 420 LINCOLN ROAD STE 448 MIAMI, FL 33139	
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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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE	PD <input type="checkbox"/> Delete
NAME	BLOOMBERG, RONALD
STREET ADDRESS	420 LINCOLN ROAD STE 448
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	SIEGER, CHARLES
STREET ADDRESS	5996 SW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V <input type="checkbox"/> Delete
NAME	SUAREZ, JOSE
STREET ADDRESS	5996 SW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V <input type="checkbox"/> Delete
NAME	GAINES, RON
STREET ADDRESS	5996 SW 70TH ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: 4/28/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

J407J000

