

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000040632

1. Entity Name  
BSG DEVELOPMENT CORP.



Principal Place of Business

5996 SW 70TH STREET  
MIAMI, FL 33143

Mailing Address

5996 SW 70TH STREET  
MIAMI, FL 33143



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0753675

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOMBERG, RONALD  
420 LINCOLN ROAD STE 448  
MIAMI, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLOOMBERG, RONALD  
STREET ADDRESS 420 LINCOLN ROAD STE 448  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D  
NAME SIEGER, CHARLES  
STREET ADDRESS 5996 SW 70TH STREET  
CITY-ST-ZIP MIAMI, FL 33143

TITLE V  
NAME SUAREZ, JOSE  
STREET ADDRESS 5996 SW 70TH STREET  
CITY-ST-ZIP MIAMI, FL 33143

TITLE V  
NAME GAINES, RON  
STREET ADDRESS 5996 SW 70TH ST  
CITY-ST-ZIP MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6500000402372  
02/03/06-80006-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #