

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90013 040 \*\*\*150.00

<b>DOCUMENT # P97000086728</b>	
1. Entity Name <b>BANGOR CORPORATION</b>	



Principal Place of Business <del>300 NW 20 STREET</del> <b>3350 NW 48<sup>TH</sup> ST</b> MIAMI, FL <del>33127-4418</del> <b>33142</b>	Mailing Address <del>300 NW 20 STREET</del> <b>3350 NW 48<sup>TH</sup> ST</b> MIAMI, FL <del>33127-4418</del> <b>33142</b>
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03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0787020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BOGDANOFF, ALFRED</b> <b>800 NE 195 ST #100 620</b> <b>MIAMI, FL 33179</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOGDANOFF, ALFRED 800 NE 195 ST #100 620 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAVA ROBER 1633 NW 6TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMSON, STEPHEN K <del>300 NW 20 STREET</del> <b>1727 NE 142<sup>ST</sup></b> MIAMI, FL <del>33127-4418</del> <b>33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: ALFRED BOGDANOFF SECT. 3/20/04 (305) 633-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR