


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000086728 1. Entity Name BANGOR CORPORATION |  |
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|---|---|
| Principal Place of Business 3350 NW 48TH ST MIAMI, FL 33142 | Mailing Address 3350 NW 48TH ST MIAMI, FL 33142 |
|---|---|

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0787020 | 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
**BOGDANOFF, ALFRED
800 NE 195 ST
620
MIAMI, FL 33179**

**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | STD BOGDANOFF, ALFRED 800 NE 125 # 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 1727 NE 142 ST MIAMI, FL 33181 |
| 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**

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04/22/05-80041-017 150.00

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 registered agent 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 attached document, with full power to execute this report.

SIGNATURE:  **ALFRED BOGDANOFF** 4/19/05 (305) 633-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #