


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90044 008 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-P CR2E034 (11/05)

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BOGDANOFF, ALFRED 800 NE 195 # 620 MIAMI, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FAVA ROBER 1633 NW 6TH AVE HOMESTEAD, FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ABRAMSON, STEPHEN K 1727 NE 142 ST MIAMI, FL 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 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

**ALFRED BOGDANOFF**

Date

**1/10/06**

Daytime Phone #

**(305) 633-1255**