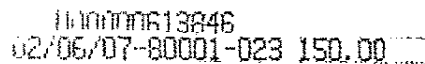
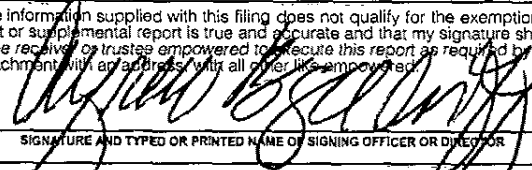


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000086728						
1. Entity Name BANGOR CORPORATION						
Principal Place of Business 3350 NW 48TH ST MIAMI, FL 33142	Mailing Address 3350 NW 48TH ST MIAMI, FL 33142	 01272007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 65-0787020</td><td>Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0787020	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOGDANOFF, ALFRED 800 NE 195TH #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						
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: 		ALFRED BOGDANOFF 1/27/07 (305) 633-1245				