


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 036 ***150.00

DOCUMENT # P98000088572	
1. Entity Name BG'S TAKE OUT, INC.	

Principal Place of Business 2014 NW 6 ST FT LAUDERDALE, FL 33311	Mailing Address 4310 N.W. 22ND STREET LAUDERHILL, FL 33313
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2. Principal Place of Business - No P.O. Box # 2014 NW 6 ST Suite, Apt. #, etc.	3. Mailing Address 4310 NW 22ST Suite, Apt. #, etc. LAUDERHILL FL City & State 33313
City & State FT LAUDERDALE 33311	Country BROWARD
Zip 33311	Country BROWARD



04222008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0869769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, BETTY R 4310 N.W. 22ND STREET LAUDERHILL, FL 33313		7. Name and Address of New Registered Agent Name BETTY R LEWIS Street Address (P.O. Box Number is Not Acceptable) 4310 NW 22ST City LAUDERHILL FL Zip Code 33313	
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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 BETTY R LEWIS	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEWIS, BETTY R 4310 N.W. 22ND STREET LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BETTY R LEWIS	4/30/08 9542976084