2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000103597



FILED Feb 07, 2005 08:00 AM **Secretary of State**

Principal Place of Business

BKG INTERNATIONAL, INC.

Mailing Address

15380 SOUTHWEST 72 AVE MIAMI, FL 33157 US

15380 SOUTHWEST 72 AVE MIAMI, FL 33157 US



DO NOT WRITE IN THIS

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0879783 5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KOKORELIS, WILLIAM K 15380 SOUTHWEST 72 AVE MIAMI, FL. 33157

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the above named entity submits this statement for the purpose the obligations of registered agent.	se of changing his registered office of registered agent,	or popi, in the state of Florida.	Tam familia with, and accept
SIGNATURE			

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE KOKORELIS, WILLIAM K NAME 15380 SOUTHWEST 72 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 VPD KOKORELIS, KONSTANTINE K W NAME 15380 SOUTHWEST 72 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE KOKORELIS, GEORGE W NAME

Signature, typed or printed name of registered agent and title if applicable

U00000218342 02/07/05-80060-021 150.00

DATE

STREET ADDRESS 15380 SW 72 AVE. CITY-ST-ZIP MIAMI, FL 33157 TITLE KOKORELIS, MARIA W NAME STREET ADDRESS 15380 SW 72 AVE.

MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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riverses.

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 trudies 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: **Z**

WILLIAM K. KOLOZP