


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S48568		
1. Entity Name BGOURT, INC.		

Principal Place of Business 1 ALHAMBRA CIRCLE SUITE 608 CORAL GABLES, FL 33134 US	Mailing Address 1 ALHAMBRA CIRCLE SUITE 608 CORAL GABLES, FL 33134 US
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01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0279832	Applied For <input type="checkbox"/> 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 PACHECO-SILVA, MARTA L. 1 ALHAMBRA CIRCLE #608 CORAL GABLES, FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT PACHECO-SILVA, MARTA L. 1 ALHAMBRA CIRCLE #608 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PACHECO-SILVA, MARTA L. 1 ALHAMBRA CIRCLE, #608 CORAL GABLES, FL
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<p>U00000250595 03/04/05-80018-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marta L. Pacheco Silva 2/15/05 305 444-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTA L. PACHECO SILVA Date Daytime Phone #