


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90034 040 ***150.00

DOCUMENT # S55944 1. Entity Name B. G. CORPORATION OF LANTANA, INC.					
Principal Place of Business 874 N. DIXIE HWY LANTANA FL 33462			Mailing Address 874 N. DIXIE HWY LANTANA FL 33462		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			4. FEI Number 65-0272748		
CHOWDHURY, MAKSUDUL H 1331 S. FEDERAL HWY APT #2 LAKE WORTH FL 33460			Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of New Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Name Street Address (P.O. Box Number is Not Acceptable) City			State FL Zip Code		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAHMAN, REZAUR		NAME		
STREET ADDRESS	9225 OLMSTEAD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHOWDHURY, MAKSUDUL H.		NAME		
STREET ADDRESS	1331 S. FEDERAL HWY, APT #2		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARID, AKHAND A.		NAME		
STREET ADDRESS	1426 S-N ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Rezaur Rahman</i> REZAUR RAHMAN, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/22/04 561-588-6768 Date Daytime Phone #		