

2008 FOR PROFIT CORPORATION ANNUAL REPORT (A3)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 028 ***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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 65-0272748	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHOWDHURY, MAKSUDUL H 1331 S. FEDERAL HWY APT #2 LAKE WORTH FL 33460	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHMAN, REZAUR 9225 OLMSTEAD DRIVE LAKE WORTH FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHOWDHURY, MAKSUDUL H 1331 S. FEDERAL HWY, APT #2 LAKE WORTH FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHOWDHURY, MAKSUDUL H. 5059 STARBLAZE DR. GREENACRES, FL 33463 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARID, AKHAND A 1426 S-N ST LAKE WORTH FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rezaur Rahman* **REZAUR RAHMAN** **2/25/08** **561-588-6768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone