


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90294 036 ***158.75

DOCUMENT # F0000006122

1. Entity Name
 PGA DE LAS AMERICAS INC.




Principal Place of Business
 2801 PONCE DE LEON BLVD.
 SUITE 400
 CORAL GABLES, FL 33134

Mailing Address
 2801 PONCE DE LEON BLVD.
 SUITE 400
 CORAL GABLES, FL 33134

94055265

2. Principal Place of Business
 2801 Ponce de Leon Blvd. Suite 370
 Suite, Apt. #, etc. Suite 370
 City & State Coral Gables, FL
 Zip 33134 Country USA

3. Mailing Address
 2801 Ponce de Leon
 Suite, Apt. #, etc. Suite 370
 City & State Coral Gables, FL
 Zip 33134 Country



04062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1025859 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANDREW SERVICE CORPORATION
 201 SOUTH BISCAYNE BLVD., SUITE 2900
 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PCD O'BRIEN, SEAMUS RM 1543 HRBR PLAZA, 20 TAK FUNG ST. HUNG HOM, KOWLOON, HONG KONG, <input checked="" 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	VD LAVIE, HENRIQUE 2801 PONCE DE LEON BLVD., SUITE 400 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LAVIE, HENRIQUE 2801 PONCE DE LEON BLVD, SUITE 370 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLINSON, DAVID 5TH FL, BLCK G, 76 SING WOO ROAD HAPPEY VALLEY, HONG KONG, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anthony SAUCE 2801 PONCE DE LEON BLVD, SUITE 390 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELL, ROHAN 2A/89 BLUE POOL ROAD HAPPY VALLEY, HONG KONG, <input checked="" 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	D MULLER, ROBERT 300 MADISON AVENUE NEW YORK, NY 10017 <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	<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 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: Henrique Lavie Date: 4/13/2004 Daytime Phone #: 786-552050