

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009327

FILED
Feb 17, 2005
Secretary of State

Entity Name: PMA INVESTMENT GROUP INC.

Current Principal Place of Business:

9985 NW 131 STREET
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

6726 N.W. 72 AVENUE
MIAMI, FLORIDA, FL 33145

Current Mailing Address:

9985 NW 131 STREET
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 54-2092566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALZADO, MARGIE
9985 NW 131 STREET
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ALZADO, MARGIE
Address: 9985 NW 131 STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: V/D () Delete
Name: CAPARROS, PEDRO
Address: 1976 NW 22 PL
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: ROSADO, NESTOR
Address: 20869 NW 1 STREET
City-St-Zip: PEMBRIKE PINES, FL 33029

Title: D () Delete
Name: ROSADO, ALEX
Address: 3035 SW 93 PL.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE ALZADO

P/D

02/17/2005

Electronic Signature of Signing Officer or Director

Date