

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048817

Entity Name: PGB, INC.

FILED  
May 22, 2007  
Secretary of State

## Current Principal Place of Business:

6299 W SUNRISE BLVD STE 105  
SUNRISE, FL 33313

## New Principal Place of Business:

6299 W SUNRISE BLVD  
105  
SUNRISE, FL 33313

## Current Mailing Address:

6299 W SUNRISE BLVD STE 105  
SUNRISE, FL 33313

## New Mailing Address:

6299 W SUNRISE BLVD  
105  
SUNRISE, FL 33313

FEI Number: 90-0074490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

## Name and Address of New Registered Agent:

ALEXANDRE, DIXON  
2800 W OAKLAND PARK BLVD.  
101  
OAKLAND PARK, FL 33311 US

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: DIXON ALEXANDRE

05/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BROOKS, GEORGE  
Address: 6299 W SUNRISE BLVD STE 105  
City-St-Zip: SUNRISE, FL 33313

Title: DST ( ) Delete  
Name: BAKER, PATRICIA  
Address: 6299 W SUNRISE BLVD STE 105  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: PATRICIA BAKER

D

05/22/2007

Electronic Signature of Signing Officer or Director

Date