2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90543 001 ***150.00
04-19-2004 90543 002 *****8.75

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03242004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000082005

1. Entity Name
PG INTERNATIONAL ENTERPRISES CORP

Principal Place of Business	Mailing Address
8362 PINES BLVD #300 PEMBROKE PINES, FL 33024 US	8362 PINES BLVD #300 PEMBROKE PINES, FL 33024 US

2. Principal Place of Business	3. Mailing Address
433 S. ROYAL POINCIANA BLVD # 413	433 S. ROYAL POINCIANA BLVD
Suite, Apt. #, etc.: APT # 413	Suite, Apt. #, etc.: APT # 413
City & State: MIAMI SPRINGS, FLORIDA	City & State: MIAMI SPRINGS, FLORIDA.
Zip: 33166-7274 Country: U.S.A.	Zip: 33166-7274 Country: U.S.A.

4. FEI Number: 20-0386173 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAIMES, GABRIEL 8362 PINES BLVD 300 PEMBROKE PINES, FL 33024	Name: JAIMES. 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 [signature] 03-24-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P JAIMES, GABRIEL 8362 PINES BLVD #300 PEMBROKE PINES, FL 33024 ☐ 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
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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 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: [signature] 03-24-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #