

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 043 ***150.00

DOCUMENT # F00000006122 1. Entity Name PGA DE LAS AMERICAS INC.					
Principal Place of Business 2801 PONCE DE LEON BLVD., STE 370 CORAL GABLES, FL 33134			Mailing Address P.O. BOX 145118 CORAL GABLES, FL 33114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Barbara A. Burke</i> Signature, typed or printed name of registered agent and title if applicable. Barbara A. Burke Special Assistant Secretary September 9, 2008 DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB Chairman LAVIE, HENRIQUE 2801 PONCE DE LEON BLVD., STE 370 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ Director SAUCE, ANTHONY 2801 PONCE DE LEON BLVD., STE 370 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MULLER, ROBERT 300 MADISON AVENUE NEW YORK, NY 10017	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN PATE 2801 PONCE DE LEON SUITE 370 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOSE DOMINGUEZ D 2801 PONCE DE LEON SUITE 370 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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 Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
July 24 / 2008 Date (305) 2720281 Daytime Phone					

40113000



06262008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1025859

Applied For
Not Applicable

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

1/2