

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92502

Entity Name: PMG ASSOCIATES, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

PMG ASSOCIATES INC.
4171 WEST HILLSBORO BLVD. SUITE 8
COCONUT CREEK, FL 33073 US

Current Mailing Address:

PMG ASSOCIATES INC.
4171 WEST HILLSBORO BLVD. SUITE 8
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

PMG ASSOCIATES INC.
4171 WEST HILLSBORO BLVD., SUITE 8
COCONUT CREEK, FL 33073 US

New Mailing Address:

PMG ASSOCIATES INC.
4171 WEST HILLSBORO BLVD., SUITE 8
COCONUT CREEK, FL 33073 US

FEI Number: 59-2383513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONOT, KATHLEEN R MS
4171 WEST HILLSBORO BLVD. SUITE 8
COCONUT CREEK, FL 33073 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: PDV () Delete
Name: GONOT, KATHLEEN R
Address: 3880 N.W. 2ND CT.
City-St-Zip: DEERFIELD BCH, FL 33442 US

Title: TS () Delete
Name: GONOT, KATHLEEN R
Address: 3880 N.W. 2ND CT.
City-St-Zip: DEERFIELD BCH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDV (X) Change () Addition
Name: GONOT, KATHLEEN R
Address: 3880 N.W. 2ND CT.
City-St-Zip: DEERFIELD BCH, FL 33442 US

Title: TS (X) Change () Addition
Name: GONOT, KATHLEEN R
Address: 3880 N.W. 2ND CT.
City-St-Zip: DEERFIELD BCH, FL 33442 US

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: KATHLEEN R. GONOT

OFFI

01/16/2009

Electronic Signature of Signing Officer or Director

Date