

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001568



1. Entity Name
PVG INSURANCE GROUP, LLC

Principal Place of Business

4040 NE 2ND AVE., STE. 304
MIAMI, FL 33137

Mailing Address

4040 NE 2ND AVE., STE. 304
MIAMI, FL 33137



01232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0416121

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000127942
04/26/04-80019-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PERLA VENTURES GROUP, LTD.
STREET ADDRESS	4040 NE 2ND AVE., STE. 304
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #