2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007852

1. Entity Name
PI GROUP, INC.

Principal Place of Business	Mailing Address
4560 N. UNIVERSITY DR. SUITE D & E, BLDG. 8 LAUDERHILL, FL 33351	3266 W. BUENA VISTA DR. MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1155499

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRACE, THOMAS J
3266 W. BUENA VISTA DR.
MARGATE, FL 33063

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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.

N/A
SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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~~04/21/04 80002-010 61.25~~

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GRACE, THOMAS J.
STREET ADDRESS	3266 W BUENA VISTA DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TV
NAME	JOHNSON, KATHLEEN
STREET ADDRESS	3266 W BUENA VISTA DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TS
NAME	BERGEY, AMY
STREET ADDRESS	3266 W BUENA VISTA DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Amy Bergey Amy Bergey 4/8/04 954-630-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #