

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90017 042 \*\*\*\*70.00

<b>DOCUMENT # N97000006278</b>					
<b>1. Entity Name</b> THE PPGM FOUNDATION, INC.					
<b>Principal Place of Business</b> 1699 S.W. 27 AVENUE SECOND FLOOR MIAMI, FL 33145			<b>Mailing Address</b> 1699 S.W. 27 AVENUE SECOND FLOOR MIAMI, FL 33145		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 35-1591828	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City		
MIAMI, FL 33131			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DS <b>NAME</b> SEABROOK, BRUCE <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVC <b>NAME</b> PARSONS, BETTY <b>STREET ADDRESS</b> 1699 S.W. 27 AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33145-2046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> NAPIER, LISA D <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVC <b>NAME</b> KAYWUR, WILLIAM <b>STREET ADDRESS</b> 1699 S.W. 27 AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33145-2046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HARPER, PAIGE A <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> DVC <b>NAME</b> GIBBS, W. TUCKER <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> DC <b>NAME</b> PASTROFF, NANCY <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> DVC <b>NAME</b> GIBBS, W. TUCKER <b>STREET ADDRESS</b> 1699 S.W. 27TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Nancy G. Pastroff</i> <b>NANCY G. PASTROFF</b> <b>2/17/04</b> <b>305-271-3774</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

44017959



01062004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
35-1591828

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

Filing Fee is \$61.25  
Due by May 1, 2004

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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**SIGNATURE:** *Nancy G. Pastroff* **NANCY G. PASTROFF** **2/17/04** **305-271-3774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #