2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# N97000006278

Entity Name: THE PPGM FOUNDATION, INC.

Current Principal Place of Business:

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145

New Mailing Address:

FEI Number: 35-1591828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SEABROOK, BRUCE
Address: 1699 S.W. 27TH AVE.
City-St-Zip: MIAMI, FL 33145

Title: DT ( ) Delete
Name: KAYNOR, WILLIAM
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: HARPER, PAIGE A
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: DC ( ) Delete
Name: PASTROFF, NANCY
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: DC ( ) Delete
Name: PARSONS, BETTY
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: BAREFOOT, NATALIE
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change ( ) Addition
Name: BARRY, ARCHER
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition
Name: PASTROFF, NANCY
Address: 1699 S.W. 27TH AVE
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHER BARRY DC 04/01/2005

Electronic Signature of Signing Officer or Director — Date