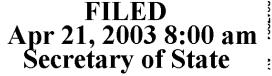
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000064883 DOCUMENT # 1. Entity Name PBG ENTERPRISES, INC.



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Principal Place of Business Mailing Address 3562 NW 50TH ST 3562 NW 50TH ST MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 3562 NW 50 M 3562 NW Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-1046041 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Miami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARETAS, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 6821 SW 32ND TERRACE MIAMI FL 33155 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition PARETAS, GILBERTO PARETA, GILBERTO NAME NAME 4095 Sw 91 th Ave. 6821 SW 32ND TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP-2 CITY-ST-ZIP MIAMI FI- 33165 ☐ Delete PROSIDENT Addition Adys PARETAS 4095 5 w 9719 AVE MANNIE 1 33/65 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #