

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000079466**

1. Entity Name  
PGP INVESTMENTS, INC.



Principal Place of Business  
1801 KEENLAND CIR.  
W. PALM BEACH, FL 33415

Mailing Address  
1801 KEENLAND CIR.  
W. PALM BEACH, FL 33415

**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1036984

Applied For  
Not Applicable

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

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

**DO NOT WRITE  
IN THIS SPACE**

ESTHER PINEIROA, MARIA  
1801 KEENLAND CIR.  
W. PALM BEACH, FL 33415

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, ALFREDO 5565 MUIRFIELD VILLAGE CIR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, SANDRA 5565 MUIRFIELD VILLAGE CIR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PINEIROA, RAMON 1801 KEENLAND CIR. W. PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PENA, FERNANDO 6801 LAS COLINAS LANE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAP ROZO, LUIS E 1801 KEENLAND CIRCLE WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVP ROZO, NELLY 1801 KEENLAND CIRCLE WEST PALM BEACH, FL 33415

U00000080789  
03/08/04-80124-003 158.75

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IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-04

Date

4339279

Daytime Phone #