


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90002 035 \*\*\*150.00

<b>DOCUMENT # P01000040755</b>	
1. Entity Name <b>BMC PGA CINEMA 6, INC.</b>	

Principal Place of Business <b>4076 PGA BLVD PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>4076 PGA BLVD. PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business - No P.O. Box # <b>4076 PGA BLVD</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PBG FL</b>	City & State
Zip <b>33410</b>	Country

05232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1096726</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DJIJI, CARM 1003 GRAND ISLE WAY PALM BEACH GARDENS, FL 33418-4581</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent's signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOCHSTEIN, MICHAEL 9930 ALTERNATE A1A PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DJIJI, CARM 9930 ALTERNATE A1A PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DJIJI, DALIA 9930 ALTERNATE A1A PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARON SLONIM 202 ATLANTIC AVE NEW HYDE PARK NY 11040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Michael Hochstein</b>	5/30/07	561-627-3119
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

40121566

## Division of Corporations

### Annual Report

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Document Number	P01000040755
Business Entity Name	BMC PGA CINEMA 6, INC.
FEI Number	651096726
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

### Principal Place of Business

Address	4076 PGA BLVD
Suite, Apt. #, etc.	
City, State	PALM BEACH GARDENS, FL
Zip Code & Country	33410

### Mailing Address

Address	4076 PGA BLVD.
Suite, Apt. #, etc.	
City, State	PALM BEACH GARDENS, FL
Zip Code & Country	33410

### Name and Address of Registered Agent

#P01000040755

**Name (Last, First, Middle, Title)** DJIJI, CARMI  
**Address** 1003 GRAND ISLE WAY  
**Suite, Apt. #, etc.**  
**City, State** PALM BEACH GARDENS, FL  
**Zip Code & Country** 334184581 US  
**Registered Agent Signature**

## Officer/Director Name and Address

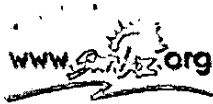
**Title** D  
**Name (Last, First, Middle, Title)** HOCHSTEIN, MICHAEL  
**Street Address** 4076 PGA BLVD.  
**City, State** PALM BEACH GARDENS, FL  
**Zip Code & Country** 33410

**Title** D  
**Name (Last, First, Middle, Title)** DJIJI, CARMI  
**Street Address** 4076 PGA BLVD.  
**City, State** PALM BEACH GARDENS, FL  
**Zip Code & Country** 33410

**Title** D  
**Name (Last, First, Middle, Title)** DJIJI, DALIA  
**Street Address** 4076 PGA BLVD.  
**City, State** PALM BEACH GARDENS, FL  
**Zip Code & Country** 33410

**Title** D  
**Name (Last, First, Middle, Title)** SLONIM, AARON  
**Street Address** 4076 PGA BLVD.  
**City, State** PALM BEACH GARDENS, FL  
**Zip Code & Country** 33410

**Title** PRES  
**Officer/Director Signature** MICHAEL HOCHSTEIN



**ATTACHMENT**  
**40121566**  
**Division of Corporations**

**Annual Report**

**Payment Page**

**Document Tracking # - 700099425027**

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