

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000040755

1. Entity Name
BMC PGA CINEMA 6, INC.



Principal Place of Business
**4076 PGA BLVD
PALM BEACH GARDENS, FL 33410**

Mailing Address
**4076 PGA BLVD.
PALM BEACH GARDENS, FL 33410**



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1096726 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DJIJI, CARM
**1003 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418-4581**

**DO NOT WRITE
IN THIS SPACE**

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 *Carmi Diji* CARM D.J.I. 4/18/08
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**U00000933094
05/28/08-80012-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HOCHSTEIN, MICHAEL**
STREET ADDRESS **9930 ALTERNATE A1A**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D**
NAME **DJIJI, CARM**
STREET ADDRESS **9930 ALTERNATE A1A**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D**
NAME **DJIJI, DALIA**
STREET ADDRESS **9930 ALTERNATE A1A**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D**
NAME **SLONIN, AARON**
STREET ADDRESS **202 ATLANTIC AVE**
CITY-ST-ZIP **NEW HYDE PARK, NY 11040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Michael Hochstein* MICHAEL HOCHSTEIN 4/24/08 718 591-3167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #