


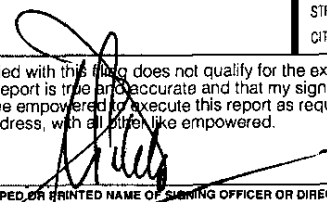


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90290 035 ***150.00

DOCUMENT # P02000048819 1. Entity Name PTGE CONSULTING, INC.					
Principal Place of Business 720 S.W. 111TH AVE. SUITE 106, BLDG. 11 PEMBROKE PINES, FL 33025			Mailing Address 2121 PONCE DE LEON BLVD. SUITE #240 CORAL GABLES, FL 33134		
2. Principal Place of Business 12149 Pembroke Rd.		3. Mailing Address 12149 Pembroke Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04012004 Chg-P CR2E034 (10/03)	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 38-3649337	
Zip 33025		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 33025		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Sebastian Santos Street Address (P.O. Box Number is Not Acceptable) 12149 Pembroke Rd. City Pembroke Pines FL Zip Code 33025		
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:  DATE: 4/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PORTELA, JUAN C 720 S.W. 111TH AVE., SUITE 106, BLDG. 11 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Portela, Juan C. 12149 Pembroke Rd. Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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:  Date: 4/8/04 Daytime Phone #: 954-442-8226 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					