2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 25, 2005 8:00 am Secretary of State DOCUMENT # P04000010765 07-25-2005 90109 001 ***150.00 07-25-2005 90109 002 *****8.75 1. Entity Name P & G HOLDING GROUP, CORP Principal Place of Business Mailing Address 15371 SW 36TH STREET 15371 SW 36TH STREET MIAMI, FL 33185 MIAMI, FL 33185 2. Principal Place of Business 3. Mailing Address 1322 500 15 PLACE 1372 SW IS PINCE Suite, Apt. #, etc. Suite, Apt. #, etc. 07/82005 Chg-P CR2E034 (10/03) City & State CAPE CORAL FEI Number Applied For City & State CADE CORPL 3*8-* 3<u>700723</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -GAIL GALVEZ, CARLOS A 15371 SW 36TH STREET Street Address MIAMI, FL 33185 City / CORAL 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 lamiliar with, and accept of registered agent. the obligations 7-20-05 " SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change TITLE ☐ Delete CARLOS A. GALUEZ NAME GALVEZ, CARLOS A NAME 1322 SW 15 PLACE STREET ADDRESS 15371 SW 36TH STREET STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Add and NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TELLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this Him 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 attackment with an address, with all other like empowered. SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED