2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90130 033 ***158.75

DOCUMENT # P04000094054

1. Entity Name
P.A. GROUP PROMOTIONS, INC.

Principal Place of Business	Mailing Address
7118 NW 72ND AVE MIAMI, FL 33166 US	3440 CANTEEN CT LAND O LAKES, FL 34639 US

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box#	3. Mailing Address
11220 Metro PKWY	11220 Metro PKWY
Suite, Apt. #, etc.: #33	Suite, Apt. #, etc.: #33
City & State: FORT MYER FLORIDA	City & State: FT MYERS FLORIDA
Zip: 33966 Country: USA	Zip: 33966 Country: USA

4. FEI Number: 83-0412740 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

APALISKI, PETER
7118 NW 72ND AVE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 11220 Metro PKWY.
#33
City: FT Myers FL Zip Code: 33966

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	APALISKI, PETER	NAME	
STREET ADDRESS	7118 NW 72ND AVE	STREET ADDRESS	11220 metro PKWY
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	FT. MYERS FL. 33966
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Peter Apaliski Peter Apaliski 04/30/08 239-603-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #