2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P04000113625 03-04-2005 90075 009 ***150.00 PF&GGROUP, INC. U U N U U U N Principal Place of Business Mailing Address 2660 SW 37 AVE #612 2660 SW 37 AVE #612 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address 562 NUI 82 562 NW 8 02102005 CR2E034 (10/03) 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired MIAMI-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PÉREZ, FRANISCO Street Address (P.O. Box Number is Not Acceptable) 2660 SW 37 AVE #612 COCONUT GROVE, FL 33133 USAMI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS FRANCISCO PEREZ Actinge Addition TITLE PS ☐ Delete TITLE 562 NW 82 P2 # 316 MIAMI, FL 33125 V DAVLA GUERKERU Change PEREZ, FRANCISCO NAME NAME STREET ADDRESS 2660 SW 37 AVE #612 STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE GUERRERO, PAULA NAME NAME 542 NW 82 PL #316 419M1- F2-33126 2660 SW 37 AVE #612 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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 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.

FILED Mar 04, 2005 8:00 am

786-556-0219