2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000121696 1. Entity Name P.A.G. GROUP, INC.						05-04-2005 90176 046 ***150					50.00
Principal Place of Business Mailing Address											
2215 SOUTH TAMIAMI TRAIL OSPREY, FL 34229			P.O. BOX 1291 OSPREY, F; 34229				I IRRIETI III A	614 SIGN SG11 GS17 barb		04791	P71 () (TE)
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03042005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			_	4. FEI Number	20-1449	1442		plied For t Applicable
Zip	Country		Žip Coun		try	5. Certificate of Status Desired			S8.75 Additional Fee Required		
	-6. Name and Addres	- M		7. Name and 7	Address of New Re	egistered A	gent `				
KODRA, GEZIM 2215 SOUTH TAMIAMI TRAIL OSPREY, FL 34229					Name Street Address (P.O. Box Number is Not Acceptable)						
•					City				FL	Zip Code)
	named entity submits this ions of registered agent.	statement for the	ourpose of changing its	registere	ed office or	register	ed agent, or both	, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE : Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$ ay 1, 2005 Fee will		9. Election Campa Trust Fund Cont		ncing		.00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS							ADDITIONS/	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS	KODRA, PERPARIM W Q A.K.				e .e :et address	Koo	RA, PERPAREM Q 3 ROBINSING ROAD				Addition
CITY-ST-ZIP	SARASOTA, FL 34233				-ST-ZIP	SAR	ASOTA, F.L. 34233				
TITLE NAME	D AGEM		☐ Delete	HAM	E	Ko(AA AGI	IM		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	248	148 PARK TRACE BLVO OSPREY, F.L. 34229				
TITLE	D KODRA, GEZIM		☐ Delete	TITL			, , ,	•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5714 OAKTON CT. SARASOTA, FL 342	33	-		EET ADDRESS" '-ST-ZIP	·	\- <u>-</u>	-			· - •
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ie Eet address /-st-zip					☐ Change	☐ Addition
12. I hereby of indicated of the core changed	certify that the information on this report or supplem poration or the receiver of or on an attachment with	supplied with this cental report is true r trustee tempowers an address with a	filing does not qualify for any accurate and that ad to execute this report the other like empowered	or the exe my signa t as requ	emption stature shall had by Cha	ted in Se ave the apter 60	ection 119.07(3)(i same legal effec 7, Florida Statute), Florida Statutes. Las if made under on Stand that my name	I further cert bath; that I a e appears in	ify that the ii m an officer n Block 10 o	nformation or director r Block 11 if