

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 024 ***150.00

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



Principal Place of Business
2215 SOUTH TAMiami TRAIL
OSPREY, FL 34229

Mailing Address
P.O. BOX 1291
OSPREY, F, 34229



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1449442

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KODRA, GEZIM
2215 SOUTH TAMiami TRAIL
OSPREY, FL 34229

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D
NAME	KODRA, PERPARIM Q
STREET ADDRESS	5033 ROBINSON RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	KODRA, AGLM
STREET ADDRESS	248 PARK TRACE BOULEVARD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	KODRA, GEZIM
STREET ADDRESS	5714 OAKTON CT.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08
Date

941-380-8969
Daytime Phone #