


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90163 034 \*\*\*150.00

<b>DOCUMENT # P07000101041</b> 1. Entity Name <b>P.M.T.G., CORP</b>																													
Principal Place of Business <b>901 S. ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>901 S. ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>26-1150668</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>MEDINA GROUP INC 7220 NW 36 ST 301 MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>LESPARRE, JEROME P</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 S. Royal Poinciana Blvd</b> City <b>MIAMI SPRINGS</b> <b>FL</b> Zip Code <b>33166</b>																									
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 <u><b>JEROME P. LESPARRÉ</b></u> <i>[Signature]</i> <b>PRESIDENT</b> <b>04-27-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LESPARRE, JEROME P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 S. ROYAL POINCIANA BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI SPRINGS, FL 33166</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	LESPARRE, JEROME P		STREET ADDRESS	901 S. ROYAL POINCIANA BLVD		CITY - ST - ZIP	MIAMI SPRINGS, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><b>JEROME P LESPARRÉ</b></u> <i>[Signature]</i> <b>PRESIDENT</b> <b>04-27-2008</b> <b>786-486-8119</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													