


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 013 \*\*\*150.00

**DOCUMENT # P93000041832**


1. Entity Name  
**PMG ENTERPRISES, INC.**



Principal Place of Business <b>2500 N FEDERAL HWY          STE 201          FORT LAUDERDALE, FL 33305-1618 US</b>	Mailing Address <b>2500 NORTH FEDERAL HIGHWAY          SUITE 201          FT LAUDERDALE, FL 33305 US</b>
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**DO NOT WRITE IN THIS SPACE**

4000000000



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0436958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DWW INVESTMENTS, INC.  
 2500 NORTH FEDERAL HIGHWAY  
 SUITE 201  
 FT LAUDERDALE, FL 33305**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

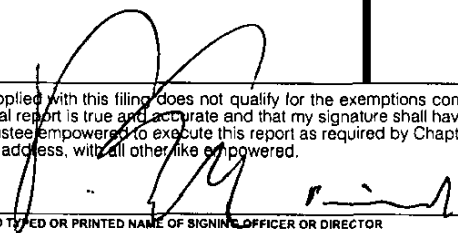
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAYDA, PETER 2500 N FEDERAL HWY SUITE 201 FORT LAUDERDALE, FL 333051618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAYDA, MARC 2500 N FEDERAL HWY SUITE 201 FORT LAUDERDALE, FL 333051618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Marcia-Louise Gayda</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #