

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000061259**

1. Entity Name  
P.G.R. ENTERPRISES, INC.



Principal Place of Business  
9350 N.W. 58TH STREET  
MIAMI, FL 33178 US

Mailing Address  
9350 N.W. 58TH STREET  
MIAMI, FL 33178 US



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0438756

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHWARTZ, TERENCE S. E  
141 N.E. THIRD AVENUE  
SUITE 601  
MIAMI, FL 33132

**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, 2006 Fee will be \$550.00**

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

1100000406559  
02/07/06-80092-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DV  
NAME ROMANELLI, PIETRO  
STREET ADDRESS 9350 N.W. 58TH STREET  
CITY-ST-ZIP MIAMI, FL 33178

TITLE DPST  
NAME ROMANELLI, PIETRO  
STREET ADDRESS 9350 N.W. 58TH STREET  
CITY-ST-ZIP MIAMI, FL 33178

TITLE DV  
NAME ROMANELLI, ELENA F  
STREET ADDRESS 9350 NW 58TH STREET  
CITY-ST-ZIP MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date Daytime Phone #