2004 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-20P

Apr 28, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P93000062682** 1. Entity Name PMG PLAZA, INC. Principal Place of Business Mailing Address 2500 N FEDERAL HWY DWV INVESTMENTS, INC. 2500 NORTH FEDERAL HIGHWAY #201 **STE 201** FT LAUDERDALE, FL 33305 US FORT LAUDERDALE, FL 33305-1618 US 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-0326328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DWV INVESTMENTS, INC. DO NOT WRITE 2500 NORTH FEDERAL HIGHWAY SUITE 201 IN THIS SPACE FT LAUDERDALE, FL 33305 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 DATE Signature, typed or printed rome of registered agent and title if applicable. (NOTE, Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GAYDA, PETER STREET ADDRESS 2500 N FEDERAL HWY STE-201 FORT LAUDERDALE, FL 333051618 CITY-ST-ZIP TITLE GAYOA, NARC unnonn135861 NAME U4/28/04-80074-010 150.00 STREET ADDRESS 2500 N. FEDERAL HWY, SUITE 201 CITY-ST-ZIP FORT LAUDERDALE, FL 33305 TITLE MALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.