

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000062682

1. Entity Name
PMG PLAZA, INC.



Principal Place of Business

2500 N FEDERAL HWY
STE 201
FORT LAUDERDALE, FL 33305-1618 US

Mailing Address

DWV INVESTMENTS, INC.
2500 NORTH FEDERAL HIGHWAY #201
FT LAUDERDALE, FL 33305 US



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0326328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DWV 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

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 PD
NAME GAYDA, PETER
STREET ADDRESS 2500 N FEDERAL HWY STE-201
CITY-ST-ZIP FORT LAUDERDALE, FL 333051618

TITLE VP
NAME GAYDA, NARC
STREET ADDRESS 2500 N. FEDERAL HWY, SUITE 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE VP
NAME GAYDA, MARIA LOUISE
STREET ADDRESS 2500 N FEDERAL HWY STE 201
CITY-ST-ZIP FORT LAUDERDALE, FL 333051618

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature: Peter Gayda, President
Date: 2/18/08
Daytime Phone #: 954 646 3134