2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90042 030 ***150.00

DOCUMENT # P95000034704

1. Entity Name
PLAVE MANTEN CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180 US	3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180 US

2. Principal Place of Business	3. Mailing Address
18851 N.E. 29th Ave.	18851 N.E. 29th Ave
Suite, Apt. #, etc.: Suite 406	Suite, Apt. #, etc.: Suite 406
City & State: Aventura Fl	City & State: Aventura FL
Zip: 33180 Country: Miami-Dade	Zip: 33180 Country: Miami-Dade

01132004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0575760 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANTEN, JEFFREY M 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180	Name: Street Address (P.O. Box Number is Not Acceptable): 18851 N.E 29th Ave Suite 406 City: Aventura FL Zip Code: 33180

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: _____ 1/16/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PLAVE, LAWRENCE S	NAME	
STREET ADDRESS	3050 AVENTURA BLVD. SUITE 301	STREET ADDRESS	18851 NE 29th Ave Suite 406
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura, FL 33180
TITLE	VD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MANTEN, JEFFREY M	NAME	
STREET ADDRESS	3050 AVENTURA BLVD. SUITE 301	STREET ADDRESS	18851 N.E. 29th Ave Suite 406
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura, FL 33180
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #