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

01132004 Chg-P CR2E034 (10/03)

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

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: [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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PLAVE, LAWRENCE S 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 18851 NE 29th Ave Suite 406 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANTEN, JEFFREY M 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 18851 N.E. 29th Ave Suite 406 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/16/04

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