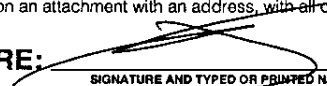


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180 US			Mailing Address 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180 US		
2. Principal Place of Business 18851 N.E. 29th Ave. Suite, Apt. #, etc. Suite 406 City & State Aventura FL Zip 33180 Country Miami-Dade		3. Mailing Address 18851 N.E. 29th Ave. Suite, Apt. #, etc. Suite 406 City & State Aventura FL Zip 33180 Country Miami-Dade			
01132004 Chg-P CR2E034 (10/03)				4. FEI Number 65-0575760	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANTEN, JEFFREY M 3050 AVENTURA BLVD. SUITE 301 AVENTURA, FL 33180			7. Name and Address of New Registered Agent 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:  DATE: 1/16/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	18851 NE 29th Ave Suite 406 Aventura, FL 33180	☒ Change ☐ Addition
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	18851 N.E. 29th Ave Suite 406 Aventura, FL 33180	☒ Change ☐ Addition
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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:  DATE: 1/16/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					