

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90078 031 \*\*\*550.00

DOCUMENT # P96000056497

1. Entity Name  
PVG TECHNOLOGIES INC.



Principal Place of Business  
1601 PARK LANE S #100  
JUPITER FL 33458  
US

Mailing Address  
700 FEDERAL HWY  
SUITE 200 SZG  
BOCA RATON FL 33432  
US

2. Principal Place of Business

3. Mailing Address  
1601 PARK LANE S # 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL

Zip

Country

Zip

Country

33458

USA

4. FEI Number

65-0679199

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

~~BEHAN, LARRY J.~~  
~~888 SE THIRD AVE STE 400~~  
~~FORT LAUDERDALE FL 33316~~

Name

GERMANO MANCINI

Street Address (P.O. Box Number is Not Acceptable)

1601 PARK LANE S # 100

City

JUPITER

FL

Zip Code

33458

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 *Germano Mancini* GERMANO MANCINI

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	P	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, GERMANO	
STREET ADDRESS	5540 N. OCEAN DR., TOWER 100 D-1	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, PAOLA	
STREET ADDRESS	5540 N. OCEAN DR., TOWER 100 D-1	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, GERMANO	
STREET ADDRESS	5550 N. OCEAN DR. #3D	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, PAOLA	
STREET ADDRESS	5550 N. OCEAN DRIVE # 3D	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Germano Mancini*

GERMANO MANCINI

8-24-04

(561) 748-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #