

FILED
Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000052101
 1. Corporation Name
PBG, INC.

 Principal Place of Business
 12331 SW 60 COURT
 PINECREST FL 33156

 Mailing Address
 12331 SW 60 COURT
 PINECREST FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

65-0888507

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

 GOLDMAN, MATT D ESQ
 MATT D. GOLDMAN, P.A.
 1450 MADRUGA AVENUE SUITE 203
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 D
 GENET, PAMELA
 12331 SW 60 COURT
 PINECREST FL 33156

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
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 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Signature and typed or printed name of signing officer or director
 Pamela D. Genet

3-2-99 305-641-1113

Date

Daytime Phone #

FAX 305-662-6060

CR2E034 (1/98)