

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91043 037 ***150.00

DOCUMENT # P98000060370

1. Entity Name

P.M.G.T. INVESTMENTS, INC.



Principal Place of Business

10010 SOUTH FEDERAL HWY, SUITE 6
PORT ST LUCIE FL 34952

Mailing Address

10010 SOUTH FEDERAL HWY, SUITE 6
PORT ST LUCIE FL 34952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0883866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, DIANA
1858 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD ☐ Delete
NAME PRADEL, GILBERTE J
STREET ADDRESS 6 VILLA GEORGE SAND
CITY-ST-ZIP 75016 PARIS, FRANCE

TITLE PD ☐ Delete
NAME PRADEL, MARCEL
STREET ADDRESS 6 VILLA GEORGE SAND
CITY-ST-ZIP 75016 PARIS, FRANCE FL 34952

TITLE TD ☐ Delete
NAME PRADEL, THIERRY
STREET ADDRESS 47 RUE LA FONTAINE
CITY-ST-ZIP 75016 PARIS, FRANCE

TITLE V ☐ Delete
NAME GOLDMAN, DIANA
STREET ADDRESS 1858 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Goldman

4/23/04 (772) 335-0965
Date Daytime Phone #