

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**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  
1104 SE WESTCHESTER DR  
PORT SAINT LUCIE, FL 34952



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000939825  
05/28/08-80043-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRADEL, GILBERTE J 6 VILLA GEORGE SAND 75016 PARIS, FRANCE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRADEL, MARCEL 6 VILLA GEORGE SAND 75016 PARIS, FRANCE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRADEL, THIERRY 47 RUE LA FONTAINE 75016 PARIS, FRANCE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDMAN, DIANA 1858 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/9/08 (772) 3350965

Date

Daytime Phone #