2007 FOR PROFIT CORPORATION

ANNUAL REPORT

PBG EQUITY CORP.

DOCUMENT # P99000000420



Principal Place of Business

Mailing Address

2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431

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FILED Mar 12, 2007 08:00 AM **Secretary of State**



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0885150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

No Chg-P

02052007

	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	d office or	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature Typed or printed name of registered agent and little if	fapplicable (NOTE Registered	Agent signatur	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000662001
10.	OFFICERS AND DIREC	TORS			' 03/20/07-80065-005 150.00
NAME STREET ADDRESS CITY - ST - ZIP	D GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITÉ 100E BOCA RATON, FL 33431				
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY+S1-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-7IP

Miliam R. Greenfield D NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRA

561-392-6662

Daytime Phone #