

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90014 034 ***158.75

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1. Entity Name
PABON ENGINEERING, INC.



Principal Place of Business
23200 SW 212 AVENUE
HOMESTEAD, FL 33031

Mailing Address
23200 SW 212 AVENUE
HOMESTEAD, FL 33031

60022741



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

01-0569389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PABON, ANIBAL
23200 SW 212 AVENUE
HOMESTEAD, FL 33031

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE O/D ☐ Delete
NAME PABON, ANIBAL
STREET ADDRESS 23200 SW 212 AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE SEC ☐ Delete
NAME PABON, MILAGRO
STREET ADDRESS 23200 SW 212 AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
NAME PABON, ANIBAL
STREET ADDRESS 27855 SW 199 Avenue
CITY-ST-ZIP Homestead, FL 33031

TITLE STD ☒ Change ☐ Addition
NAME PABON, MILAGRO
STREET ADDRESS 27855 SW 199 Avenue
CITY-ST-ZIP Homestead FL 33031

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

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

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

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 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

Anibal PABON

3/14/08

305-242-5503

Date

Daytime Phone #