## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P01000122055  1. Entity Name PABON ENGINEERING, INC.					04-15-2008 90014 034 ***158.75			
Principal Plac	e of Business	Mailing Address			i L			
23200 SW 212 AVENUE		23200 SW 212 AVENUE				6002	2741	
HOMESTEAD, FL 33031 HOMESTEAD, FL 3303		1		<i>:</i>	0002	6141		
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 01-05693	389	<b>├</b>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
DARON ANIDAL				Name				
PABON, ANIBAL 23200 SW 212 AVENUE HOMESTEAD, FL 33031			Street A	Street Address (P.O. Box Number is Not Acceptable)				
TIOMEOTE	TAD, 1 E 00001							
			City				FL Zip Coo	le .
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registered office o	r register	ed agent, or both,	in the State of Flo	orida. I am familiar with	, and accept
	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signal	ure required	when reinstating)		DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaiç Trust Fund Contri		\$5.	00 May Be			
				Add				
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFFI	ICERS AND DIRECTOR	RS IN 11
TITLE	O/D )		TITLE	PD	ADDITIONS/C	) <u> </u>	Change	RS IN 11
THTLE NAME	O/D PABON, ANIBAL	DIRECTORS	TITLE NAME	PD	ADDITIONS/C	) <u> </u>	Change	
TITLE	O/D )	DIRECTORS	TITLE	PD PAB 278	ADDITIONS/C		Change	
NAME STREET ADDRESS	O/D PABON, ANIBAL 23200 SW 212 AVENUE HOMESTEAD, FL 33031 SEC	DIRECTORS	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	PD PAB 278 Hon	ADDITIONS/C DN, ANIBA 55 5W mestead	ll 199 Aven L, FL 33	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	O/D PABON, ANIBAL 23200 SW 212 AVENUE HOMESTEAD, FL 33031 SEC PABON, MILAGRO	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	PD PAB 278 Hom STI	ADDITIONS/C	1199 Aven L, FL 33	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	O/D PABON, ANIBAL 23200 SW 212 AVENUE HOMESTEAD, FL 33031 SEC PABON, MILAGRO	DIRECTORS  Detete	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	PD PAB 278 HOM STI PAB 278	ADDITIONS/C	16 199 Aven L, FL 33 180 199 Avenu	CYChange  OSI  Change  1031	Addition
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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 of hustee 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 attackprent with an address, with all other like empowered.

SIGNATURE: \_

ANIBAL PABON NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/08 305-242-550

Daytime Phone #