

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000733

Entity Name: PABLO MALCO FOUNDATION INCORPORATED**Current Principal Place of Business:**209 N. FORT LAUDERDALE BCH BLVD
#7H
FT LAUDERDALE, FL 33304**Current Mailing Address:**PO BOX 220644
HOLLYWOOD, FL 33022**FEI Number:** 74-3237801**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MALCO, AARON
209 N. FORT LAUDERDALE BCH BLVD
7H
SUNRISE, FL 33304 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDING ARTISTIC DIRECTOR
Name MALCO, AARON
Address 209 N. FORT LAUDERDALE BCH BLVD
 #7H
City-State-Zip: FORT LAUDERDALE FL 33304

Title SUP.
Name STAFFAN, LINDSTROM
Address 1900 S. OCEAN BLVD. #3-J
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY
Name CARTER, CLAUDINE
Address 1854 TAMARIND LANE,
City-State-Zip: COCONUT CREEK FL 33063

Title VP
Name YEBOAH, SAMUEL
Address 1 LAS OLAS CIRCLE #311
City-State-Zip: FORT LAUDERDALE FL 33316

Title TREA
Name AVRIL, SATIN
Address 8100 SUNRISE LAKES BLVD # 102
City-State-Zip: SUNRISE FL 33322

Title OFFICER
Name SAMSPON, SHARON
Address 8564 CARAMBOLA WAY
City-State-Zip: COCONUT CREEK FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON MALCO**FOUNDING ARTISTIC
DIRECTOR****04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date