


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90021 049 \*\*\*150.00

**DOCUMENT # H10195**

1. Entity Name  
**SABERN CONSTRUCTION CORP.**



Principal Place of Business      Mailing Address


**150 SW 12TH AVE**      **150 SW 12TH AVE**  
**STE 201**      **STE 201**  
**POMPANO BEACH, FL 33069 US**      **POMPANO BEACH, FL 33069 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02052004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2431542**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MIDDLEBROOKS, PAMELA**  
**150 S.W. 12TH AVENUE**  
**SUITE 201**  
**POMPANO BEACH, FL 33069**

**7. Name and Address of New Registered Agent**

Name **PAMELA HEBDING**  
 Street Address (P.O. Box Number is Not Acceptable) **150 SW 12th Ave, Ste 201**  
 City **POMPANO BEACH FL** Zip Code **33069**

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: *Pamela Hebding*      DATE: **4/10/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIDDLEBROOKS, PAMELA 150 S.W. 12TH AVENUE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BERNSTEIN, ROBERT 150 SW 12TH AVE., SUITE 340 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BEEBE, JOHN 150 SW 12TH AVE., SUITE 340 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAMELA HEBDING 150 SW 12th Ave, Ste 201 POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pamela Hebding*      **PAMELA HEBDING**      DATE: **4/10/04**      DAYTIME PHONE: **954-785-5530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #