2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

	AITHUAI	560	Secretary of State					
1. Entity Nam	MENT # N0300000 PABLE CAMBODIA, INC.		03-2006 90408 (
1110 NE THIRD ST		Mailing Address 1110 NE THIRD ST GAINESVILLE, FL 326			(IR) EDGI EDGI EEN EEN EEN	008474		
2. Principal Place of Business 10 SE 2nd PLACE		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc. 5 UTE 20 1-B		Suite, Apt. #, etc.		03292006 Ch	ng-NP CR2	E037 (11/05)		
City & State GAINES VILLE, FL		City & State		4. FEI Number 20-017597	4. FEI Number Applied For 20-0175973 Not Applicable			
^{zip} 3260		Zip	Country	5. Certificate of St	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	t Registered Agent	7. Name and Address of New Registered Agent					
ALLEN, RI 1110 NE T	HIRD ST		Name Street Ad	dress (P.O. Box Number is N	P.O. Box Number is Not Acceptable)			
GAINESVI	LLE, FL 32601							
		City	(3.000)	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 Fiorida. 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								
	Filing Fee is \$61.25 Due by May 1, 2006	\$5.00 May Be Added to Fees	Make ch	eck payable to				
10.	OFFICERS AND D	IRECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASKY, BRUCE 2221 NW 36 DR GAINESVILLE, FL 32625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V	20 10 01110230 200	(X) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PREO, DAVID A 2110 NE 211 ST MIAMI, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS TO CITY-ST-ZIP	PRED DANID 411 WALNUT S GREEN COVE S	A T # 2812 SPRINGS, FL	™ Change 3 20 4 3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALLEN, RICHARD R 1110 NE 3RD ST GAINESVILLE, FL 32601	☐ Delete	TITLE > NAME STREET ADDRESS CITY-ST-ZIP	CEO		Change	☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLEN, RICHARD R 1110 NE 3RD ST GAINESVILLE, FL 32601	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D/P		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MASTIN, SUSAN J 1110 NE 3RD ST GAINESVILLE, FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T		Change Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment on the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE:

SUSAN J. MASTIN 3/29/16 (352) 378-4357

SIGNATURE: