

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000733

FILED
Apr 23, 2009
Secretary of State

Entity Name: PABLO MALCO FOUNDATION INCORPORATED

Current Principal Place of Business:

707 S 19TH AVE #4
HOLLYWOOD, FL 33020

New Principal Place of Business:

1 LAS OLAS CIR. #311
FT LAUDERDALE, FL 33181

Current Mailing Address:

PO BOX 220644
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 74-3237801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCO, AARON
1 LAS OLAS CIRCLE #311
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAICO, AARON
Address: 707 S 19TH AVE
City-St-Zip: HOLLYWOOD, FL

Title: VP () Delete
Name: YEBAL, SAMUEL
Address: 1 LAS OLAS CIRCLE #311
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S () Delete
Name: MACK, ADAM
Address: 2410 SW 50TH TERR
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: CHAI () Delete
Name: YEBOAL, DANIEL
Address: 611 E 105TH ST
City-St-Zip: CHARLOTTE, NC 28202

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAICO, AARON
Address: 8100 SUNRISE LAKES BLVD #102
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Change () Addition
Name: YEBOAH, SAMUEL
Address: 1 LAS OLAS CIRCLE #311
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SUP. () Change (X) Addition
Name: STAFFAN, LINDSTROM
Address: 1900 S. OCEAN BLVD. #3-J
City-St-Zip: POMPANO BEACH, FL 33062

Title: TREA () Change (X) Addition
Name: AVRIL, SATIN
Address: 8100 SUNRISE LAKES BLVD # 102
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AARON MALCO

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date