

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002109

Entity Name: P.B.L. MANAGEMENT, INC.

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

121 ISLAND COVE WAY
PALM BCH GARDENS, FL 33418

New Principal Place of Business:

13 ST. GEORGE PLACE
PALM BCH GARDENS, FL 33418

Current Mailing Address:

121 ISLAND COVE WAY
PALM BCH GARDENS, FL 33418

New Mailing Address:

13 ST. GEORGE PLACE
PALM BCH GARDENS, FL 33418

FEI Number: 65-1068607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDELSON, PATTI A
121 ISLAND COVE WAY
PALM BCH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

HANDELSON, PATTI A
13 ST. GEORGE PLACE
PALM BCH GARDENS, FL 33418 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: PATTIANN HANDELSON

03/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDVT () Delete
Name: HANDELSON, PATTI A
Address: 121 ISLAND COVE WAY
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: SD () Delete
Name: HANDELSON, ROBERT L
Address: 121 ISLAND COVE WAY
City-St-Zip: PALM BCH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDVT (X) Change () Addition
Name: HANDELSON, PATTI A
Address: 13 ST. GEORGE PLACE
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: SD (X) Change () Addition
Name: HANDELSON, ROBERT L
Address: 13 ST. GEORGE PLACE
City-St-Zip: PALM BCH GARDENS, FL 33418

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTIANN HANDELSON

PDVT

03/06/2008

Electronic Signature of Signing Officer or Director

Date