2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## **FILED** Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P02000013218 1. Entity Namo PBAC CONSULTANTS, INC. Principal Place of Business Mailing Address 4816 NW 2ND AVENUE BOCA RATON FL 33431 4816 NW 2ND AVENUE BOCA RATON FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 02-0543313 Not Applicable Country Zip Country 7<sub>1</sub>n **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNOLL, GARY Street Address (P.O. Box Number is Not Acceptable) 4816 NW 2ND AVENUE **BOCA RATON FL 33431** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE GARY, KNOLL NAME 351 CLUB CIR. 109 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-SI-7IP CITY-ST-ZIP U00000742688 05/15/07-80079-0097 (hande 00 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 31111 NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change notibbA ☐ Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP ☐ Change ☐ Addition Delete WILL TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an addiess, with all other like empowered.

Date

Daylyne Phone #