2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P03000015371 1. Entity Name PBSO ENTERPRISES, INC. Principal Place of Business Mailing Address 4255 A1A S STE 11 4255 A1A S STE 11 SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0349078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIRAGUSA, MICHAEL A 780 NORTH PONCE DE LEON BOULEVARD IN THIS SPACE ST. AUGUSTINE, FL. 32084 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or named name of registered agent and title if applicable U0000092882U 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U5/21/U8-8U044-021 150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BASSO, PAUL NAME STREET ADDRESS 5473 1ST ST CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$7-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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: Dent tosse Parl Busse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-28

Davime Phone #

Daytime Phone #