2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# P03000124818

Entity Name: PABLT, INC.

Current Principal Place of Business:

1509 S UNIVERSITY DR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1509 S UNIVERSITY DR
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 03-0531159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTZ, MICHAEL
1509 S UNIVERSITY DR
PLANTATION, FL 33324

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LUTZ, MICHAEL
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: PETERS, LEONARD
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: BAUM, SOL
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: TRUNIGER, MAX
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: ABDO, HANAN
Address: 1509 S UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAX TRUNIGER D 03/09/2004

Electronic Signature of Signing Officer or Director — Date