


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000099700 1. Entity Name PABLO BEACH, INC.	
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Principal Place of Business 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246	Mailing Address 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246
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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2468294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent HERMAN, CAROLYN ESQ 830 S THIRD STREET #104 JACKSONVILLE BEACH, FL 32250	DO NOT WRITE IN THIS SPACE
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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARLSON, FREDERICK W 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HALL, MICHAEL G 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246
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**DO NOT WRITE
IN THIS SPACE**

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02/21/08-80012-009 150.00

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: Michael G Hall _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #