

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P05000013166

1. Entity Name
P & B GLOBAL ENTERPRISES, INC.



Principal Place of Business
523 RECKER HIGHWAY
AUBURNDALE, FL 33823

Mailing Address
523 RECKER HIGHWAY
AUBURNDALE, FL 33823

2. Principal Place of Business - No P.O. Box #

5018 Strada Dr

3. Mailing Address

5018 Strada Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33880

Country

USA

Zip

33880

Country

USA

6. Name and Address of Current Registered Agent

PARISH, ANDREW W
523 RECKER HIGHWAY
AUBURNDALE, FL 33823

7. Name and Address of New Registered Agent

Name Andrew Parish

Street Address (P.O. Box Number is Not Acceptable)

5018 Strada Dr

City Winter Haven

FL

Zip Code 33880

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 *Andrew Parish*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 11/12/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME PARISH, ANDREW W
STREET ADDRESS 5018 STRADA DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33880

Delete

TITLE VP/D
NAME BACZESKI, CHRISTOPHER A
STREET ADDRESS 5018 STRADA DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33880

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

300137738483
11/07/08-01025--007 **70.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 *Andrew Parish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/08

8634122626

Daytime Phone #

FILED

08 NOV - 7 PM 12:01

SECRETARIAL OF STATE
TALLAHASSEE, FLORIDA

