

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000049756

1. Entity Name
PBD 316CORP.



Principal Place of Business
5801 CONGRESS AVE
BOCA RATON, FL 33487 US

Mailing Address
5801 CONGRESS AVE
BOCA RATON, FL 33487 US



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0760352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 E. BROWARD BLVD., STE. 1950
FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOLF, STEVEN
STREET ADDRESS 5801 CONGRESS AVENUE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME SIEMENS, RICHARD
STREET ADDRESS 5801 CONGRESS AVENUE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000939274
05/28/08-80021-008 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #