

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 002 \*\*\*150.00

**DOCUMENT # V29151**

1. Entity Name  
PARDO, FORSTOT, BACA & ALBOUKREK, P.A.



Principal Place of Business

1050 NW 15TH ST  
212 A  
BOCA RATON, FL 33486

Mailing Address

1050 NW 15TH ST  
212 A  
BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0336999

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TARQUINIO, ANNETTE  
11053 NORTHWEST 46TH DRIVE  
CORAL SPRINGS, FL 33076

**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

*Annette Tarquinio*  
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 BACA, SHAWN  
STREET ADDRESS 6841 S GRANDE DR  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D  
NAME PARDO, IRA  
STREET ADDRESS 17360 DUNEDEN CT  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D  
NAME FORSTOT, JOSEPH  
STREET ADDRESS 711 PARKSIDE CIR N  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D  
NAME ALBOUKREK, DAVID  
STREET ADDRESS 18590 SERENA POINTE LANE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

*2/27/08*

Date

Daytime Phone #