

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 16, 2014
Secretary of State
CC3531344144

Entity Name: PABLO MALCO FOUNDATION INCORPORATED

Current Principal Place of Business:

209 N. FORT LAUDERDALE BCH BLVD
#7H
FT LAUDERDALE, FL 33304

Current Mailing Address:

PO BOX 220644
HOLLYWOOD, FL 33022

FEI Number: 74-3237801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALCO, AARON
209 N. FORT LAUDERDALE BCH BLVD
7H
SUNRISE, FL 33304 US

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

Officer/Director Detail :

Title CEO, DIRECTOR
Name MALCO, AARON
Address 209 N. FT. LAUDERDALE BCH BLVD
 #7H
City-State-Zip: FORT LAUDERDALE FL 33304

Title EXECUTIVE SECRETARY
Name CARTER, CLAUDINE
Address 1854 TAMARIND LANE,
City-State-Zip: COCONUT CREEK FL 33063

Title SECRETARY
Name SAMSPON, SHARON
Address 8564 CARAMBOLA WAY
City-State-Zip: COCONUT CREEK FL 33065

Title CFO
Name BOGGS, RYAN
Address 1133 DEARBORN ST.
 3003
City-State-Zip: CHICAGO FL 60610

Title OFFICER
Name COLE, SOLOMON LJ
Address 13940 LAUREL CANYON BLVD
 801
City-State-Zip: STUDIO CITY CA 91604

Title OFFICER
Name BENJAMIN, KENNETH
Address 1309 NW 9TH AVE.
City-State-Zip: DEERFIELD BEACH FL 33441

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON MALCO

CEO, DIRECTOR

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date