

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K36236

**Entity Name:** PABRICO INC.

**Current Principal Place of Business:**

18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987

**Current Mailing Address:**

18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987 US

**FEI Number:** 65-0073463

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KENT, BRIAN  
18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987 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 P  
Name KENT, BRIAN  
Address 18704 GLADES CUT-OFF RD  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name KENT, PATRICIA M  
Address 18704 GLADES CUT OFF RD  
City-State-Zip: PORT ST LUCIE FL 34987

Title P  
Name KENT, BRIAN W  
Address 18704 GLADES CUT-OFF RD.  
City-State-Zip: PORT ST. LUCIE FL 34987

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

**SIGNATURE:** BRIAN KENT

**PRESIDENT**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date