


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # V65442
 1. Entity Name
PABLA INCORPORATED



Principal Place of Business Mailing Address
3404 WEST IRLO BRONSON MEMORIAL HWY **3404 WEST IRLO BRONSON MEMORIAL HWY**
KISSIMMEE, FL 34741 US **KISSIMMEE, FL 34741 US**



03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-3145542 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SHEPHERD, JAMES E.
SHEPHERD, MCCABE & COOLEY
1450 STATE RD. 434 WEST, SUITE 200
LONGWOOD, FL 32750

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SINGH, JARNAIL 6501 SURGARBUSH DR. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SINGH, KARNAIL 6501 SURGARBUSH DR. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SINGH, GURMAIL 6501 SURGARBUSH DR. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jarnail Singh (407) 931-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #