2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# 208267

Entity Name: POMPEII FURNITURE CO., INC.

Current Principal Place of Business:

8130 NW 74TH AVE.
MIAMI, FL 33166

New Principal Place of Business:

1801 NORTH ANDREWS AVENUE
POMPANO BEACH, FL 33069

Current Mailing Address:

1801 NO ANDREWS AVE
POMPANO, FL 33069 33

New Mailing Address:

1801 NORTH ANDREWS AVENUE
POMPANO BEACH, FL 33069

FEI Number: 59-0912668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID GERSHMAN
C/O TRIVEST PARTNERS, LP
2665 SO. BAY SHERE DR. STE. 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALBERTSON, BRUCE R
Address: 1801 NO. ANDREWS AVE.
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVST ( ) Delete
Name: TORTORICI, VINCENT A JR
Address: 1801 NO. ANDREWS AVE.
City-St-Zip: POMPANO BEACH, FL 33069

Title: AS ( ) Delete
Name: KUFFNER, MARILYN D
Address: 2665 SO. BAYSHORE DR. STE. 800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MALONE, JAMES R
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: CAO (X) Change ( ) Addition
Name: TORTORICI, VINCENT A JR
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: SEC (X) Change ( ) Addition
Name: KUFFNER, MARILYN D
Address: 2665 SOUTH BAYSHORE DR. STE. 800
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VINCENT A. TORTORICI, JR. CAO 03/04/2005

Electronic Signature of Signing Officer or Director — Date