2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# F54268

Entity Name: SHAMIRA - POMPANO HOLDING, INC.

Current Principal Place of Business:

234 EGLINTON AVE., EAST,
#618
TORONTO ONTARIO, CANADA, XX M4P1K5

New Principal Place of Business:

Current Mailing Address:

234 EGLINTON AVE., EAST,
#618
TORONTO ONTARIO, CANADA, XX M4P1K5

New Mailing Address:

FEI Number: 98-0056568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, SHAMIRA
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.
100 SE 2ND ST STE 2900
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	KLEIN, HAIM	
Address:	234 EGLINTON AVE. EAST, SUITE 618	
City-St-Zip:	TORONTO ONTARIO,CANADA, XX M4P1K5	
Title:	DP	( ) Delete
Name:	KLEIN, VIKTOR	
Address:	234 EGLINTON AVE., EAST, SUITE 618	
City-St-Zip:	TORONTO ONTARIO, CANADA, XX M4P1K5	
Title:	VP	( ) Delete
Name:	KLEIN, SHAMIRA	
Address:	5835 NORTH BAY ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	AS	(X) Delete
Name:	SEGAL, AMY	
Address:	5481 NORTH BAY ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP	(X) Change ( ) Addition
Name:	KLEIN, HAIM	
Address:	234 EGLINTON AVE. EAST, SUITE 618	
City-St-Zip:	TORONTO ONTARIO,CANADA, XX M4P1K5	
Title:	VP	(X) Change ( ) Addition
Name:	KLEIN, SHAMIRA	
Address:	5835 NORTH BAY ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	SVP	(X) Change ( ) Addition
Name:	SEGAL, AMY	
Address:	5481 NORTH BAY ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMY SEGAL VP 09/22/2009

Electronic Signature of Signing Officer or Director — Date