

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F54268

FILED
Apr 21, 2003
Secretary of State

Entity Name: SHAMIRA - POMPANO HOLDING, INC.

Current Principal Place of Business:

234 EGLINTON AVE., EAST
SUITE 418
TORONTO, ON M4P 1K5 CA

New Principal Place of Business:

Current Mailing Address:

234 EGLINTON AVE., EAST
SUITE 418
TORONTO, ON M4P 1K5 CA

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 3500
MIAMI, FL 33131

Name and Address of New Registered Agent:

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

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: SHAMIRA KLEIN

04/21/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KLEIN, HAIM,
Address: 234 EGLINTON AVE. EAST, SUITE 418
City-St-Zip: TORONTO, ONTARIO,CANAD,

Title: DP () Delete
Name: KLEIN, VIKTOR
Address: 234 EGLINTON AVE., EAST, SUITE 418
City-St-Zip: TORONTO, ON

Title: VP () Delete
Name: KLEIN, SHAMIRA
Address: 5835 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAMIRA KLEIN

VP

04/21/2003

Electronic Signature of Signing Officer or Director

Date