

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N04000005566

Entity Name: POMPANO PIRANHAS, INC.

Current Principal Place of Business:

THE AQUATIC CENTER
820 N E 18TH AVE
POMPANO BCH, FL 33060

New Principal Place of Business:

Current Mailing Address:

THE AQUATIC CENTER
820 N E 18TH AVE
POMPANO BCH, FL 33060

New Mailing Address:

FEI Number: 55-0869073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEGEL, PAUL
100 W CYPRESS CREEK RD STE 910
FT LAUDERDALE, FL 33309 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, ELLEN
Address: 411 S E 8TH AVE
City-St-Zip: POMPANO BCH, FL 33060

Title: V () Delete
Name: SCHWARB, ERIN
Address: 970 S E 1ST TERR
City-St-Zip: POMPANO BCH, FL 33060

Title: T () Delete
Name: MILLER, KATHLEEN M
Address: 4701 N E 28TH AVE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: S () Delete
Name: NOLTING, KATHERINE
Address: 2301 N E 10TH ST
City-St-Zip: FT LAUDERDALE, FL 33305

Title: V () Delete
Name: ANDERSON, TAMMY
Address: 3170 N E 11TH AVE
City-St-Zip: POMPANO BCH, FL 33064

Title: V () Delete
Name: HOCH, CHRIS
Address: 5420 N W 50TH CT
City-St-Zip: COCONUT CREEK, FL 33073

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:

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

SIGNATURE: KATHLEEN M MILLER

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04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date