


FILED
Aug 05, 2005 8:00 am
Secretary of State

4/2!

04-29-2005 90296 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000093350			
1. Entity Name POMPANO INDUSTRIAL PLAZA, INC.			
Principal Place of Business 4901 N.W. 17TH WAY SUITE 103 FORT LAUDERDALE, FL 33309		Mailing Address 4901 N.W. 17TH WAY SUITE 103 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01252005		Chg-P CR2E034 (10/03)	
4. FEI Number 20-1231421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAND, RUSSIN, HELLINGER ET AL., P.A. 3000 WACHOVIA FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>Avron Levy</u> Street Address (P.O. Box Number is Not Acceptable): <u>4901 N.W. 17th Way</u> <u>Suite 103</u> City: <u>Ft. Laud.</u> FL Zip Code: <u>33309</u>	
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: <u>[Signature]</u> <small>Signature of agent or printed name of registered agent and the filer (NOTE: Registered Agent signature required when re-registering)</small> DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Erno Jakabovits</u> <input type="checkbox"/> Delete <u>1327 H 46th St</u> <u>Brooklyn, N.Y. 11219</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 filers empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>8/25/05</u> Daytime Phone #: <u>959 491-5505</u>	

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