#### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0400005566

Entity Name: POMPANO PIRANHAS, INC.

## **Current Principal Place of Business:**

2401 E ATLANTIC BLVD STE 210 POMPANO BEACH, FL 33062

## **Current Mailing Address:**

2401 E ATLANTIC BLVD STE 210 POMPANO BEACH, FL 33062 US

## FEI Number: 55-0869073

## Name and Address of Current Registered Agent:

SCHULTE, NEMIA L 2401 E ATLANTIC BLVD STE 210 POMPANO BEACH, FL 33062 US

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.

		<b>G</b>	
NEMIA L SCHULTE			04/17/2023
Electronic Signature of Registered Agent			Date
tor Detail :			
PRES	Title	VP	
BLANCO, JOSHUA VON	Name	SCHULTE, NEMIA L	
1345 SW 1ST TERRACE	Address	381 SE 5TH TERRACE	
POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060	
TREA	Title	SEC	
BRUNETTI, ROSALIE R	Name	GARY, SARAH M	
1606 SE 1ST STREET	Address	1317 SE 2ND STREET	
POMPANO FL 33060	City-State-Zip:	POMPANO BEACH FL 33060	
	Electronic Signature of Registered Agent <b>FOR Detail :</b> PRES BLANCO, JOSHUA VON 1345 SW 1ST TERRACE POMPANO BEACH FL 33060 TREA BRUNETTI, ROSALIE R 1606 SE 1ST STREET	Electronic Signature of Registered Agent   For Detail :   PRES Title   BLANCO, JOSHUA VON Name   1345 SW 1ST TERRACE Address   POMPANO BEACH FL 33060 City-State-Zip:   TREA Title   BRUNETTI, ROSALIE R Name   1606 SE 1ST STREET Address	Electronic Signature of Registered Agent   or Detail :   PRES Title VP   BLANCO, JOSHUA VON Name SCHULTE, NEMIA L   1345 SW 1ST TERRACE Address 381 SE 5TH TERRACE   POMPANO BEACH FL 33060 City-State-Zip: POMPANO BEACH FL 33060   TREA Title SEC   BRUNETTI, ROSALIE R Name GARY, SARAH M   1606 SE 1ST STREET Address 1317 SE 2ND STREET

I hereby 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 all other like empowered.

## SIGNATURE: NEMIA L SCHULTE

VICE PRESIDENT

04/17/2023 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 17, 2023 Secretary of State 8830546817CC

Certificate of Status Desired: No