

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 208267

FILED
Mar 16, 2006
Secretary of State

Entity Name: POMPEII FURNITURE CO., INC.

Current Principal Place of Business:

1801 NORTH ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1801 NORTH ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-0912668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID GERSHMAN
C/O TRIVEST PARTNERS, LP
2665 SO. BAY SHRE DR. STE. 800
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MALONE, JAMES R
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: CAO () Delete
Name: TORTORICI, VINCENT A JR
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: SEC () Delete
Name: KUFFNER, MARILYN D
Address: 2665 SOUTH BAYSHORE DR. STE. 800
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORIARTY, GENE
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: V (X) Change () Addition
Name: TORTORICI, VINCENT A JR
Address: 1801 NORTH ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: S (X) Change () Addition
Name: GERSHMAN, DAVID
Address: 2665 SOUTH BAYSHORE DR. STE. 800
City-St-Zip: MIAMI, FL 33133

Title: V () Change (X) Addition
Name: POWELL, EARL
Address: 2665 SOUTH BAYSHORE DR. STE. 800
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENT TORTORICI

V

03/16/2006

Electronic Signature of Signing Officer or Director

Date