

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 554665**

1. Entity Name  
**POMPANO IMPORTS, INC.**



Principal Place of Business  
**4401 WEST SAMPLE ROAD  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**16165 S. DIXIE HWY  
MIAMI, FL 33157**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1784021**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMACHO, CEGAR  
240 EAST FLAGLER ST  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	DASCAL, CHARLES
STREET ADDRESS	1801 SW 1ST ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	HILTON, JOHN
STREET ADDRESS	16165 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	HOFFMAN, LARRY J.
STREET ADDRESS	1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	PCD
NAME	VILLAMANAN, MANUEL
STREET ADDRESS	16165 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	CHARIFF, JONATHAN
STREET ADDRESS	16165 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	LUJAN, RICARDO
STREET ADDRESS	16165 S. DINE HWY.
CITY-ST-ZIP	MIAMI, FL 33157

**DO NOT WRITE  
IN THIS SPACE**

U00000778308  
01/10/08-80044-007-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

**SIGNATURE:** *John A. Hilton* **JOHN A. HILTON, CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-08**

Date

**305-256-2317**

Daytime Phone #