

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 047 ***158.75

DOCUMENT # 682915

1. Entity Name
POMPAÑO MASONRY CORPORATION



Principal Place of Business
**880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069**

Mailing Address
**880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2277757

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANASTASI, JOSEPH S
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> Delete
NAME	BARREDO, RODOLFO	
STREET ADDRESS	880 SO. ANDREWS AVENUE	
CITY-ST-ZIP	POMPAÑO BCH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANASTASI, CONCETTA	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	ANASTASI, JOSEPH S	
STREET ADDRESS	880 SO. ANDREWS AVENUE	
CITY-ST-ZIP	POMPAÑO BCH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, ETHAN	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POGGI, HORACIO	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREGAS, BETTY-JEAN	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McConnell, John A.	
STREET ADDRESS	880 South Andrews Avnue	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ridgway, Michael	
STREET ADDRESS	880 South Andrews Avenue	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Cleck	
STREET ADDRESS	880 South Andrews Avenue	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Canitano	
STREET ADDRESS	400 Lawton Road	
CITY-ST-ZIP	Charlotte, NC 28216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Betty-Jean Kregas
Betty-Jean Kregas, Secretary

Date

Daytime Phone #

1/9/06

954-946-3633