

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 682915

FILED
Mar 26, 2009
Secretary of State

Entity Name: POMPANO MASONRY CORPORATION

Current Principal Place of Business:

880 SO. ANDREWS AVENUE
POMPANO BCH, FL 33069

New Principal Place of Business:

Current Mailing Address:

880 SO. ANDREWS AVENUE
POMPANO BCH, FL 33069

New Mailing Address:

FEI Number: 59-2277757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, JOHN A
880 SO. ANDREWS AVENUE
POMPANO BEACH, FL 33069 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: CD () Delete
Name: BRESLOW, JULIAN M
Address: 880 SO. ANDREWS AVENUE
City-St-Zip: POMPANO BCH, FL 33069

Title: PD () Delete
Name: SIEGEL, STEPHEN
Address: 880 SOUTH ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV () Delete
Name: BRESLOW, JILLIAN
Address: 880 SO. ANDREWS AVENUE
City-St-Zip: POMPANO BCH, FL 33069

Title: TD () Delete
Name: RIDGWAY, MICHAEL
Address: 880 SOUTH ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD () Delete
Name: MCCONNELL, JOHN A
Address: 880 S. ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD (X) Delete
Name: KREGAS, BETTY-JEAN
Address: 880 SOUTH ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIAN M. BRESLOW

CD

03/26/2009

Electronic Signature of Signing Officer or Director

Date