

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F54268

1. Entity Name
SHAMIRA - POMPAHO HOLDING, INC.



Principal Place of Business

234 EGLINTON AVE., EAST, #418
TORONTO ONTARIO M4P1K5
CANADA, XX

Mailing Address

234 EGLINTON AVE., EAST, #418
TORONTO ONTARIO M4P1K5
CANADA, XX

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0056568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, SHAMIRA
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.
100 SE 2ND ST STE 2900
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME KLEIN, HAIM
STREET ADDRESS 234 EGLINTON AVE. EAST, SUITE 418
CITY-ST-ZIP TORONTO, ONTARIO, CANAD.

TITLE DP
NAME KLEIN, VIKTOR
STREET ADDRESS 234 EGLINTON AVE., EAST, SUITE 418
CITY-ST-ZIP TORONTO, ON

TITLE VP
NAME KLEIN, SHAMIRA
STREET ADDRESS 5835 N. BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000336913
04/27/05-80145-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shamira Klein, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05
Date

305-577-4176
Daytime Phone #