

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H79266 (3)**

1. Corporation Name

**POMPAÑO THIS END UP, INC.**

Principal Place of Business

**1309 EXCHANGE ALLEY  
RICHMOND VA 23219**

Mailing Address

**1309 EXCHANGE ALLEY  
RICHMOND VA 23219**



3. Date Incorporated or Qualified

**10/04/1985**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**54-1342006**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable

(If 2011, Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RICHARDS, ARTHUR V.**  
CITY- ST- ZIP **ONE THEALL ROAD**  
**RYE NY**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **GURAESHI, SHANID**  
CITY- ST- ZIP **ONE THEALL ROAD**  
**RYE NY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **KEMENY, ROBERT**  
CITY- ST- ZIP **1309 EXCHANGE ALLEY**  
**RICHMOND VA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **THOMAS, JEFFREY L.**  
CITY- ST- ZIP **1309 EXCHANGE ALLEY**  
**RICHMOND VA**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey Thomas* 4/29/96 8046441248

CR2E034 (12/95)