

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J74903

1. Entity Name
POMPANO FLOWERS & THINGS, INC.



Principal Place of Business

31 NE 1ST AVE.
POMPANO BEACH, FL 33060

Mailing Address

31 NE 1ST AVE.
POMPANO BEACH, FL 33060



02072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2813076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALAGA, MARTIN
31 NE 1ST AVE.
POMPANO BEACH, FL 33060

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000089935
03/01/04-80027-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALAGA, MARTIN
STREET ADDRESS	6434 VIA ROSA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	MALAGA, SUSAN
STREET ADDRESS	6434 VIA ROSA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	FUTTERMAN, CRAIG T
STREET ADDRESS	6142 COTTON ROSE LN
CITY-ST-ZIP	LAKE WORTH, FL 33467

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-04

954-943-2222