

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 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



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2813076

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 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	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

1400000215880
02/05/05-80025-003 150.00

**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)(l), 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 #

2-3-05