

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2006 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

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

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

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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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/16/06-80061-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Martin Malaga MARTIN MALAGA 1-31-06 954-943-22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #