


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # J74907 1. Entity Name SUSAN'S POMPANO, INC.	
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Principal Place of Business 31 NE 1ST AVENUE POMPANO BEACH, FL 33060	Mailing Address 31 NE 1ST AVENUE POMPANO BEACH, FL 33060
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01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2812776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALAGA, MARTIN 31 NE 1ST AVENUE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000215890
 02/15/05-80025-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALAGA, MARTIN 6434 VIA ROSA BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALAGA, SUSAN 6434 VIA ROSA BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTTERMAN, CRAIG T 6142 COTTON ROSE LANE 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	

**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)(f), 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: Martine Malaga 2-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #