


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J74907
 1. Entity Name
SUSAN'S POMPANO, INC.



Principal Place of Business Mailing Address
31 NE 1ST AVENUE **31 NE 1ST AVENUE**
POMPANO BEACH, FL 33060 **POMPANO BEACH, FL 33060**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2812776 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/31/08-80007-014 150.00

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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 1-25-08 954-9432222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #