

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102220

FILED  
May 04, 2009  
Secretary of State

Entity Name: M.G. POMPARO INVESTMENTS LLC

**Current Principal Place of Business:**

111 N PINE ISLAND RD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

3205 HUNTINGTON  
WESTON, FL 33332

**New Mailing Address:**

111 N PINE ISLAND RD  
PLANTATION, FL 33324

FEI Number: 20-3662003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MALAVE, ANTONIO  
3205 HUNTINGTON  
WESTON, FL 33332      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MALAVE, ANTONIO  
Address: 3205 HUNTINGTON  
City-St-Zip: WESTON, FL 33332

Title: MGRM      ( ) Delete  
Name: GUEVARA, ARMANDO  
Address: 7310 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAGALY MALAVE

MGRM

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date