


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90371 001 *****8.75
 04-28-2004 90371 002 *****61.25

DOCUMENT # N32114

1. Entity Name
POMPANO COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
 2200 S CYPRESS BEND DR
 105
 POMPANO BEACH FL 33069
 US

Mailing Address
 PO BOX 10151
 POMPANO BCH FL 33061
 US

2. Principal Place of Business
 2200 S. CYPRESS BEND DR

3. Mailing Address
 P.O. BOX 10151 POMPANO BEACH FLA

Suite, Apt. #, etc.
 105

Suite, Apt. #, etc.
 21P 33061



MCORE CR2E037 (11/03)

City & State
 POMPANO BEACH, FLA.

City & State
 POMPANO BEACH - FLORIDA

Zip
 33069

Country
 BROWARD

Zip
 33061

Country
 BROWARD

4. FEI Number
 65-0270647

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, AL.
 2200 CYPRESS BEND DRIVE
 APT 105
 POMPANO BCH FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: *AL Stein*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
STD	STEIN, A.L.	2200 CYPRESS BEND DRIVE APT 105	POMPANO BEACH FL 33069	<input type="checkbox"/>
PD	STEIN, LEONA	2200 CYPRESS BEND DRIVE APT 105	POMPANO BEACH FL 33069	<input type="checkbox"/>
VD	STEIN, ALAN	2200 CYPRESS BEND DRIVE APT 105	POMPANO BEACH FL 33069	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *AL Stein* Director

DATE: 4/22/2004

PHONE: (954) 973-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE