

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054777

FILED
Feb 12, 2007
Secretary of State

Entity Name: CONSOLIDATED PROPERTIES OF POMPANO BEACH INC.

Current Principal Place of Business:

2301 NW 15 AVENUE
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 350430
FORT LAUDERDALE, FL 33335 04

New Mailing Address:

FEI Number: 65-1086399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBSON, HARVEY
3141 SE 14 AVENUE
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBSON, HARVEY
Address: 3141 SE 14 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S () Change (X) Addition
Name: SISKI, JOSEPH R
Address: 3141 SE 14 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY JACOBSON

_____ Electronic Signature of Signing Officer or Director

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02/12/2007

_____ Date