2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90001 041 ***150.00

DOCUMENT # P01000002351

1. Entity Name

PEPA POMBO DESIGN USA CO.

Principal Place of Business	Mailing Address
777 N.W. 72 AVE. SHOW ROOM 1BB24 MIAMI FL 33126	777 N.W. 72 AVE. SHOW ROOM 1BB24 MIAMI FL 33126

MOORE CR2E034 (11/03)
20-009564 1

2. Principal Place of Business	3. Mailing Address
• 777 NW 72 AVE	• 777 NW 72 AVE
Suite, Apt. #, etc.: Show Room 2F1	Suite, Apt. #, etc.: Show Room 2F1
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number 20-009564 1 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 STREET 4TH FLOOR
MIAMI FL 33145

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State ✓

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD POMBO, JOSE 777 N.W. 72 AVE., SHOW ROOM 1BB24 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Pombo Jose 777 NW 72 AVE show Room 2F1 Miami, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POMBO, INES 777 N.W. 72 AVE., SHOW ROOM 1BB24 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Pombo INES 777 NW 72 AVE. show Room 2F1 Miami FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALCEDO, FRANCISCO 777 N.W. 72 AVE., SHOW ROOM 1BB24 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Salcedo Francisco 777 NW 72 Ave Show Room 2F1 Miami FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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