

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000002351

1. Entity Name
PEPA POMBO DESIGN USA CO.



Principal Place of Business

**10430 SW 92 ST
MIAMI, FL 33176**

Mailing Address

**10430 SW 92 ST
SHOW ROOM 2F1
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0095641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**P. TRISTAN BOURGOIGNIE, ESQ
BILTMORE HOTEL EXEC OFFIC CENTER
1200 ANASTASIA AVE- SUITE 410
MIAMI, FL 33134**

**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

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, 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	PTDS
NAME	POMBO, JOSE
STREET ADDRESS	10430 SW 92 ST
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	VD
NAME	POMBO, INES
STREET ADDRESS	10430 SW 92 ST
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000916446
05/13/08-800001-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

786 866 7812

Daytime Phone #