


05/11/2004 13:17 9547555022

GERALD PE

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90011 028 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P01000082592 1. Entity Name POMPAÑO PRODUCE SERVICES, INC.	
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Principal Place of Business 675 SW 12TH AVE. STE C POMPAÑO BEACH, FL 33069	Mailing Address P.O. Box 16735 675 SW 12TH AVE. STE C POMPAÑO BEACH, FL 33069 33066
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24084223



03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1140297	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

LAWRENCE, SELIG  
 6160 NW 40TH STREET  
 CORAL SPRINGS, FL 33067

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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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
 corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O SELIG  
STE, LAWRENCE  
6160 NW 40TH STREET  
CORAL SPRINGS, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 #