


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90399 048 ***150.00

DOCUMENT # P02000038481	
1. Entity Name B & M ENTERPRISES OF POMPANO, INC.	

Principal Place of Business 5168 N.W. 49TH AVENUE COCONUT CREEK, FL 33442	Mailing Address 2637 EAST ATLANTIC BLVD., #240 POMPANO BEACH, FL 33862
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2. Principal Place of Business	3. Mailing Address 5168 N.W. 49TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State COCONUT CREEK, FL
Zip 33073	Country U.S.A.

14013453



02012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent JULIANO, MARIA 5168 NW 49TH AVENUE COCONUT CREEK, FL 33073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	D HICKEY, BRIAN J 5168 NW 49TH AVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JULIANO, MARIA 5168 NW 49TH AVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brian J. Hickey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-27-05

Date

Daytime Phone #

954 803 3093