2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: By:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P02000042912** 04-28-2005 90167 044 ***158.75 1. Entity Name POMPANO BEACH PIER, INC. Principal Place of Business Mailing Address 14003407 3390 MARY STREET 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441 **STE 200** HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 90-0134443 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XXX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Theodore R. Stotzer, Esq. CORPDIRECT AGENTS Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET c/o Swerdlow/Boca Developers Group, LLC LOWER-LEVEL TALLAHASSEE, FL 32301 321 East Hillsboro Blvd. City Deerfield Beach Zip Code 33441 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. April 15, 2005 SIGNATURE. nt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TIT: F TITLE ☐ Change Addition SWERDLOW, MICHAEL J NAME NAME STREET ADDRESS 3390 MARY STREET SUITE 200 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-7IP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receives 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 attackness with all other like empowered. TOMPAND BEACH BLER, INC.

NG OFFICER OF DIRECTOR

FILED

(954) 949-3480

April 15, 2005