



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90195 034 \*\*\*158.75

<b>DOCUMENT # P02000042912</b> 1. Entity Name <b>POMPANO BEACH PIER, INC.</b>					
Principal Place of Business <b>3390 MARY STREET STE 200 HOLLYWOOD, FL 33021</b>			Mailing Address <b>321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business - No P.O. Box # <b>3390 Mary Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Coconut Grove, FL</b>		3. Mailing Address <b>3390 Mary Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Coconut Grove, FL</b>			
Zip <b>33133</b>		Country <b>USA</b>		4. FEI Number <b>90-0134443</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>STOTZER, ESQ., THEODORE R. C/O SWERDLOW/BOCA DEVELOP. GROUP, LLC 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SWERDLOW, MICHAEL J</b> <input type="checkbox"/> Delete <b>3390 MARY STREET SUITE 200 HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Swerdlow, Michael</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3390 Mary Street H 200 Coconut Grove, FL 33133</b>	
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	
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	
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 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 information.					
<b>SIGNATURE: Michael Swerdlow</b> <b>4/17/07</b> <b>(305) 476-0100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					