

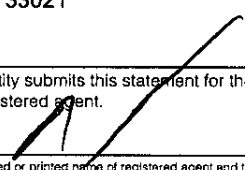



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 032 ***150.00

DOCUMENT # P02000132558 1. Entity Name POMPANO II ASSOCIATES, INC.					
Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021			Mailing Address 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900			
City & State Aventura - FL Zip 33180		City & State Aventura - FL Zip 33180		4. FEI Number 06-1670001	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ. 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Roussio Mark E. ESA Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave # 900 City Aventura FL Zip Code 33180		
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:  Mark Roussio 03/04/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD BOULANGER, LAURIS 1986 NE 149TH STREET NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROUSSO, MARK E 1986 NE 149TH STREET NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Mark Roussio 03/04/04 786 279 0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					