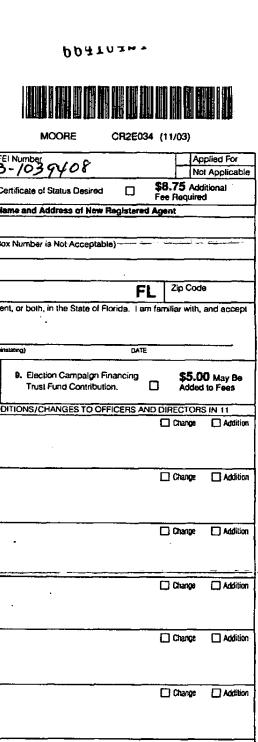
2004 FOR PROFIT CORPORATION

3/′. ANNUAL REPORT (AR) **DOCUMENT # P03000006550** 03-29-2004 90408 036 ***150.00 1. Entity Name POMMIER BUSINESS CORPORATION Principal Place of Business Mailing Address りりオイロュー・ 30 S PARK AVE APT 102 WINTER GARDEN FL 34787 30 S PARK AVE APT 102 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address 219 PLEASONT HULL 919 DICASANT Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 33-1039408 Applied For Florid Not Applicable CLERMON Zip Country \$8.75 Additional 5. Certificate of Status Desired 34711 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POMMIER, JORGE J Street Address (P.O. Box Number is Not Acceptable) 30 S PARK AVE APT 102 WINTER GARDEN FL 34787 City Zio Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR ti Wd mue ☐ Delete TITLE ☐ Change ☐ Addition Jorge Pomuler 219 DIEASANNT HULL DE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _₹U 34711 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIRLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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(3Xi), 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.

EARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 08, 2004 8:00 am Secretary of State



4-06-04