
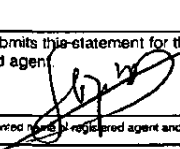



2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-15-2004 90003 010 ***150.00

DOCUMENT # P03000018710					
1. Entity Name POMER, INC.					
Principal Place of Business 1515 N FEDERAL HWY STE 300 BOCA RATON, FL 33432			Mailing Address 1515 N FEDERAL HWY STE 300 BOCA RATON, FL 33432		
2. Principal Place of Business 8270 CLEARY BLVD		3. Mailing Address 2525 N STATE ROAD 7.			
Suite, Apt. #, etc. 2711		Suite, Apt. #, etc. 115			
City & State PLANTATION, FL		City & State HOLLYWOOD, FL		4. FEI Number 42-1579513	
Zip 33324		Country US		Zip 33021	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLEY, CHANDLER R 1645 PALM BCH BLVD STE 460 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: STEVE Z LEVY Street Address (P.O. Box Number, is Not Acceptable) 2525 N STATE ROAD 7. STE 115 City: HOLLYWOOD FL Zip Code 33021		
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:  DATE: 1/9/04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	D POMERANTZ, SHORONE <input type="checkbox"/> Delete 1515 N FEDERAL HWY STE 300 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8270 CLEARY BLVD # 2711 PLANTATION, FL 33324 <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	
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	
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: 			Date: 1/9/04		Daytime Phone #: 254-600-9911
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					