## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000120824

Entity Name: POMAIRE GROUP INC.

FILED May 01, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

169 E. FLAGLER ST 10770 NW 66TH ST SUITE 1534 PMB 8049 #106

MIAMI, FL 33131 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

PO BOX 278437 10770 NW 66 ST MIRAMAR, FL 33027 #106

DORAL, FL 33178

FEI Number: 56-2411406 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARISTIZABAL, ADRIANA

10770 NW 66TH ST, #106
MIAMI, FL 33178 US

DE CORDOVA, FREDDY R
10770 NW 66TH ST, #106
DORAL, FL 33178 US

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.

SIGNATURE: FREDDY R DE CORDOVA 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete Title: (X) Change ( ) Addition GARCIA, JOSE L DE CORDOVA, FREDDY R Name: Name: 10770 NW 66TH ST PO BOX 278437 Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: DORAL, FL 33178

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 DE CORDOVA, FREDDY
 Name:
 GARCIA, JOSE L

 Address:
 PO BOX 278437
 Address:
 10770 NW 66TH ST

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDY R DE CORDOVA DP 05/01/2008