


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124030

1. Entity Name
3725 FEDERAL POMPANO CORP.



Principal Place of Business Mailing Address

1646 SE 3RD CT. **1646 SE 3RD CT.**
DEERFIELD BEACH, FL 33441 **DEERFIELD BEACH, FL 33441**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0493376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, STEPHEN L
737 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

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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 _____

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
After May 1, 2006 Fee will be \$550.00

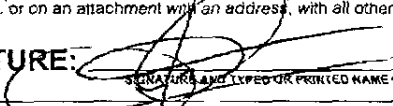
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVONE, JULIO 1646 SE 3RD CT. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/12/06-80053-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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:  **Julio Pavone** 03/28/2006 954-421-0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0

Director.