## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P04000025009 01-30-2006 90060 031 \*\*\*150.00 POMCOR, INC. Principal Place of Business 60009044 Mailing Address 625 N FLAGLER DRIVE STE 625 625 N FLAGLER DRIVE STE 625 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P. CR2E034 (11/05) City & State City & State 4. FFI Number Applied For 20-0753222 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIÑ, MICHAEL 625 N FLAGLER DRIVE STE 625 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 City Zip 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, EVPD TITLE Delete TITLE Change ☐ Addition NAME SHAPIRO, STEPHEN J NAME STREET ADDRESS 625 N. FLAGLER DR., STE.625 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BERNSTEIN, MICHAEL NAME STREET ADDRESS 625 N. FLAGLER DR., STE.625 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ST TITLE Delete TITLE ☐ Change Addition NAME SESCO, CAROLYN S NAME STREET ADDRESS 625 N. FLAGLER DR., STE,625 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE ☐ Change ☐ Addition Graham Paul Wellington NAME NAMÉ STREET ADDRESS STREET ADDRESS 625 N. Flagler Dr., Ste. 625 CITY - ST - ZIP CITY-ST-ZIP West Palm Beach, FL 33401-4000 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-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

ME OF SIGNING OFFICER OR DIRECTOR

Michael Bernstein 01/12/2006

(561) 352-2280

Daytime Phone #

FILED Jan 30, 2006 8:00 am