## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000112864

ROSLYN HEIGHTS, NY 11577

City-St-Zip:

Entity Name: POMERANZ INVESTMENT MANAGEMENT CORP.

FILED Apr 15, 2009 Secretary of State

| Current Principal Place of Business:        |  |  | New Principal Place of Business:            |  |  |
|---|--|--|---|--|--|
|   | CK NINE DRIV<br>TON, FL 3349                           |  |   |  |  |
| Current Mailing Address:                    |  |  | New Mailing Address                         | New Mailing Address:                         |  |
|   | SIDE DRIVE<br>HEIGHTS, NY                              | 11577  |   |  |  |
| FEI Number:                                 | : 20-1495632   | FEI Number Applied For ( )                           | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of C   | urrent Registered Agent:                             | Name and Address o                          | f New Registered Agent:                      |  |
| ONE BISC<br>TWO SOL                         | NEIMAN INTER<br>AYNE TOWER<br>JTH BISCAYNE<br>33131 US |  |   |  |  |
|   | named entity s<br>e of Florida.                        | submits this statement for the                       | purpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR                                    | RE:  |  |   |  |  |
|   | Electror   | ic Signature of Registered Ag                        | gent  | Date   |  |
| Election Car                                | mpaign Financin  | g Trust Fund Contribution ( ).                       |   |  |  |
| OFFICERS AND DIRECTORS:                     |  |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | POMERANZ, E<br>333 LAS OLAS                            | Delete<br>DWARD L<br>WAY, APT 2507<br>DALE, FL 33301 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                 | PD ( )<br>GOTTLIEB, DE<br>230 PARKSIDE                 |  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

City-St-Zip:

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: DEBORAH GOTTLIEB P 04/15/2009