
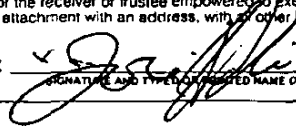


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3.

FILED
Apr 20, 2007 8:00 am
Secretary of State

03-05-2007 90071 012 ***150.00

DOCUMENT # P05000133009					
1. Entity Name POMPANO PALLET INC					
Principal Place of Business 1743 NW 113TH TERRACE MIAMI, FL 33167			Mailing Address 1743 NW 113TH TERRACE MIAMI, FL 33167		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02172007 Chg-P CR2E034 (12/06)	
4. FEI Number APPLIED FOR 20-3549927				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 OLIVAS, JOSE L 1743 NW 113TH TERRACE MIAMI, FL 33167			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P. OLIVAS, JOSE L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVAS, JOSE L		NAME		
STREET ADDRESS	1743 NW 113TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	D. OLIVAS, JOSE L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVAS, JOSE L		NAME		
STREET ADDRESS	1743 NW 113TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	TRE OLIVAS, JOSE L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVAS, JOSE L		NAME		
STREET ADDRESS	1743 NW 113TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without the empowered.					
SIGNATURE: 			Date: 2/22/07 954-776-0207		
SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR					

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The
Digital
Daily

ATTACHMENT

666010154
#P05000133009**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

20-3549927

Today's Date is: September 29, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click here to return to the Internet Employer Identification Number landing (start) page.

Pompano Pallets, Inc.