

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/8/2007-90005-040-\$150.00-\$150.00

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07 JUN 12 PM 2:55

FLORIDA STATE  
ALBANY, FLORIDA



05022007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000057116					
1. Entity Name POMULO CORPORATION					
Principal Place of Business 51 SW 11 ST #637 MIAMI, FL 33130			Mailing Address 51 SW 11 ST # 637 MIAMI, FL 33130		
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	4. FEI Number	
				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  VERDESOTO, CARLOS 51 SW 11 ST #637 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name <u>CARLOS VERDESOTO</u> Street Address (P.O. Box Number is Not Acceptable) <u>2333 BRICKELL AVE, #1007</u> City <u>MIAMI</u> FL Zip Code <u>33129</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDESOTO, CARLOS		NAME	VERDESOTO, CARLOS	
STREET ADDRESS	51 SW 11 ST #637		STREET ADDRESS	2333 BRICKELL AVE, #1007	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete	TITLE	CCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GARCIA, CARLOS JULIO	
STREET ADDRESS			STREET ADDRESS	5770 SW 47 ST	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33155	
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 all other like empowered.					
SIGNATURE: <u>[Signature]</u>			Date <u>MAY-01-07 (305) 439-7375</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		