

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034512

FILED
Apr 22, 2009
Secretary of State

Entity Name: POMPA'S TRANSPORT CORP.

Current Principal Place of Business:

185 SANTA CLARA DR.
APT# 2
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

185 SANTA CLARA DR.
APT# 2
NAPLES, FL 34104 US

New Mailing Address:

5364 29TH PLACE SW
NAPLES, FL 34104 US

FEI Number: 26-2343912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAXMY'S CARRIER SERVICES
8181 NW 36TH STREET
STE 14A
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINTERO, LEODEGARIO M
Address: 3670 19TH AVE SW
City-St-Zip: NAPLES, FL 34117 US

Title: VP () Delete
Name: POMPA, ODALIS
Address: 185 SANTA CLARA DR APT # 2
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ODALIS POMPA

VP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date