


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000014728</b> 1. Entity Name POMS ENTERPRISES, INC.	
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Principal Place of Business 6920 E CYPRESSHEAD DR PARKLAND, FL 33067 US	Mailing Address 6920 E CYPRESSHEAD DR PARKLAND, FL 33067 US
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0389257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR  
2929 E COMMERCIAL BLVD  
PENTHOUSE A  
FT LAUDERDALE, FL 33308

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MUSTO, CAROL ANN 6920 E CYPRESSHEAD DR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUSTO, ANTHONY 6920 E CYPRESSHEAD DR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICKS, DONNA 11170 LADINO STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000228823  
02/14/05-80054-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** CAROL ANN MUSTO **CAROL ANN MUSTO, PRESIDENT** 2/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #