2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014728

11170 LADINO STREET

BOCA RATON, FL 33428

Address: City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Entity Name: POMS ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6920 E CYPRESSHEAD DR PARKLAND, FL 33067 **Current Mailing Address: New Mailing Address:** 6920 E CYPRESSHEAD DR PARKLAND, FL 33067 US FEI Number: 65-0389257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VECCHIO, JOSEPH A JR VECCHIO, JOSEPH A JR 9315 WEST SAMPLE ROAD 2929 E COMMERCIAL BLVD PENTHOUSE A CORAL SPRINGS, FL 33065 US FT LAUDERDALE, FL 33308 US 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: 03/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MUSTO, CAROL ANN Name: Name: 6920 E CYPRESSHEAD DR Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MUSTO, ANTHONY Name: 6920 E CYPRESSHEAD DR Address: Address: PARKLAND, FL 33067 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HICKS, DONNA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DONNA HICKS 03/30/2009 S