FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90069 011 ***150.00

DOCUMENT # P93000018742						
D&M POMPANO, INC.	P93000018742					
Principal Place of Business 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316 US Mailing Address 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316 US						
2. Principal Place of Business 498 Mariner Prive 498 Marine Suite, Apt. #, etc. 3. Mailing Address 498 Mariner Suite, Apt. #, etc.	riNER DRIVE					



2. Principal	Place of Business Mariwer Drive	3. Mailing Address H98 Ma.L	2.100)alian					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	1 NC/C 4	Drive	DO NO	OT WRITE IN THIS S	SPACE		
City & Sta	orten FC Country	City & State	FC	4.	FEI Number 65-04 (09291	-	Applied For Not Applicable	<u>_</u>
<i>÷ 3</i> 39	177 U.S.	33477	ک <i>ن</i>	•	Certificate of Status De	-	\$8.75 Ac Fee Require	iditional ed	7
2505 LAG FORT LA	CA, FLORA M GUNA TERRACE UDERDALE FL 33316 e named entity submits this statement for the		City	Dome. ddress (P.O.	Name and Address of Wich M. Box Number is Not Accompany MORINER CCL gent, or both, in the State	Flora Priv FL		ie 477	
SIGNATURE Women and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Tax filing i (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 2002 Make Check Payable	FEE IS \$150.0 Fee will be \$5 to Department	50.00	10. Election Campa Trust Fund Cont			00 May Be d to Fees	
11.	OFFICERS AND DIE	RECTORS	12.	AD	DITIONS/CHANGES TO	O OFFICERS AND (DIRECTOR:	S IN 11	ł
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORA, MICHAEL J 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dhick	hael J. F F Marine	101A	Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DVST DOMENICA, FLORA M 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dystv Dom 498	enica H.I Marine		Change	☐ Addition	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	Delete 🗢 . 🚗 :	NAME STREET ADDRESS CITY-ST-ZIP			<u>C 39//</u> :	Change	,	±-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	artify that the information and its control of the information of the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
indicated o	ertify that the information supplied with this	ming does not quality for the	e exemption state	d in Section 11	19.07(3)(i), Florida Statu	tes. I further certify	that the info	ormation	

indicated on this report of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR