2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098372

POMPANO BEACH, FL

City-St-Zip:

Entity Name: POMPANO POST OFFICE & GIFT SHOP, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
72 EAST MCNAB ROAD POMPANO BEACH, FL 33060			72 EAST MCNAB ROA POMPANO BEACH, FL		
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
72 EAST MCNAB ROAD POMPANO BEACH, FL 33060				72 EAST MCNAB ROAD POMPANO BEACH, FL 33060 92	
FEI Number:	: 65-0728588	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
POMPANO The above	MCNAB ROAD D BEACH, FL named entity	33060 US	purpose of changing its registered	office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered A	gent	 Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPS (NGUYEN, EMII 72 E MCNAB F POMPANO BE	ROAD	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	DVT (TINA, PHAM T 72 E MC MCN/) Delete AB ROAD	Title: (Name: Address:	() Change () Addition	

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: EMILY NGUYEN DPS 03/25/2009