## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 10, 2006 08:00 AM Secretary of State

| DOCOMENT                        | # 29700003608     |
|---------------------------------|-------------------|
| <ol> <li>Entity Name</li> </ol> |                   |
| POMPANO OUTD                    | OOR STORAGE, INC. |



Principal Place of Business

Mailing Address

125 N. 46 AVE.

HOLLYWOOD, FL 33021

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|--|

| <i></i> | DO | NOT | WRITE | IN | THIS | SPACE |
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| 152006 | Na Chg-P | CR2E034 | (11/05) |
|--------|----------|---------|---------|
|--------|----------|---------|---------|

4. FEI Number 65-0763448

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M 125 N. 48 AVE. HOLLYWOOD, FL 33021

## DO NOT WRITE IN THIS SPACE

|    | The above named entity submits this statement for the path of the obligations of registered agent. | purpose of changing its re | egistered office or registere         | d agent, or both, in the State | of Florida I am lamiliar with, | and accept |
|----|--|----------------------------|---------------------------------------|--------------------------------|--------------------------------|------------|
| Si | Signature, typed or printed name of registered agent and title                                     | it applicable INOTE:       | Pogislered Agent signature required v | rhen reinstating)              | OATE                           |            |
|    |  |                            |                                       | T T                            |                                |            |

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000497485 04/22/06-80058-001 150.00

10. OFFICERS AND DIRECTORS TITLE OLIVERI, ANGELO NAME 125 N. 46 AVE. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS GITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 truster-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 Eddress, with all other like empowered.

SIGNATURE

TO PROMING OFFICER OR DIRECTOR