

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100549

Entity Name: 2201 POMPANO, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

2201 NW 16 ST
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1730 S FEDERAL HWY
SUITE 284
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0796445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UHEL, POLLY
1730 S FEDERAL HWY
SUITE 284
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLY, UHEL
Address: 1730 S. FEDERAL HWY #284
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BIANCHINI, JASON
Address: 1730 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: VSD () Delete
Name: POLLY, LINDA
Address: 1730 S. FEDERAL HWY #284
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA POLLY

VSD

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date