


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90074 016 ***150.00

DOCUMENT # P98000105340		
1. Entity Name POMPANO SHORES, INC.		

Principal Place of Business 1600 SWEETHAY WAY HOLLYWOOD, FL 33019	Mailing Address 1600 SWEETHAY WAY HOLLYWOOD, FL 33019
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2. Principal Place of Business - No P.O. Box # 1600 Sweetbay Way	3. Mailing Address 1600 Sweetbay Way
Suite, Apt. #, etc. Hollywood FL	Suite, Apt. #, etc.
City & State	City & State Hollywood - FL
Zip 33019	Country
Zip 33019	Country

40015011



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0933329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALBANESE, JOHN 1600 SWEETHAY WAY HOLLYWOOD, FL 33019	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sweetbay Way City Hollywood FL Zip Code 33019
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN ALBANESE** *John Albanese* **2/4/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBANESE, JOHN 1600 SWEETHAY WAY HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 trustee 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 address, with all other like empowered.

SIGNATURE: **JOHN ALBANESE** *John Albanese* **2/4/07**