2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

DOCUMENT # P98000105340				Secretary of Stat		
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1. Entity Nam POMPAN	io shores, Inc.					
Principal Plac 1600 SWEET HOLLYWOOD		Mailing Address 1600 SWEETBAY WAY HOLLYWOOD, FL 33019		. I I B 1 1 PR 1 PR 1 PR 1 PR 1 PR 1 PR 1 PR	88 81 8 5 88 81 8. 88 8104 88 901 1881	
	O NOT WRITE	IN THIS SPA	CF	04022008 No Chg-P	CR2E034 (11/05)	
				4. FEI Number 65-0933329	Applied For Not Applicable	
Section 1	an in Shakafa iz in kasarkki in da Sastini ngas			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent				
ALBANESE, JOHN				DO NOT V	VRITE	
1600 SWEETBAY WAY HOLLYWOOD, FL 33019				IN THIS S	an an Alad Salah sa kacamatan da tanah ara-	
					IAUL	
8. The above	named entity submits this statement for	the purpose of changing its registe	ered office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept	
the obligat	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent an	ditrie if applicable. (NOTE: Registe	red Agent agnature required	i when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	· +	.00 May Be ed to Fees		
10.	. OFFICERS AND D	INECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBANESE, JOHN 1600 SWEETBAY WAY HOLLYWOOD, FL 33019	•				
TITLE	HOLETTWOOD, FL 33019			05/21/0	0929141 3-80057-012 150.00	
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CITY-ST-ZIP			isksein aanan	er a sisa na a sasai i e a sasan.	and the second of the second o	
NAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE	
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TITLE NAME STREET ADDRESS						
CITY-ST-ZIP				i yntgeldd ynglifich allasid.		
TITLE NAME			Projection of the Albert			

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:

STREET ADDRESS City-St-Zip

Charles John ALB ANTSE

4/23/08 954-94-3837 Date Phone #