


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # S93848
 1. Entity Name
POMERANZ & LANDSMAN CORPORATION



Principal Place of Business Mailing Address
 12955 BISCAYNE BLVD., STE. 202 12955 BISCAYNE BLVD., STE. 202
 N. MIAMI BCH., FL 33181 N. MIAMI BCH., FL 33181

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

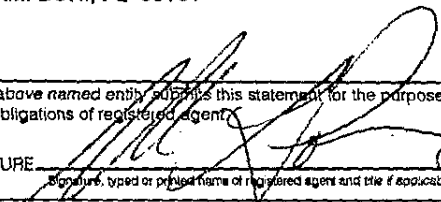
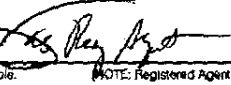
4. FEI Number 65-0355172	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 POMERANZ, MARK L.
 12955 BISCAYNE BLVD., STE. 202
 N. MIAMI BCH., FL 33181

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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:   DATE: 4/26/05

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANZ, MARK L 12955 BISCAYNE BLVD., STE. 202 N. MIAMI BCH., FL 33181
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 04/30/05-80113-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/26/05 (305) 891-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #