


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 247061
 1. Entity Name
COMPASS FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
3050 N. FEDERAL HWY., SUITE 208 **3050 N. FEDERAL HWY., SUITE 208**
LIGHTHOUSE POINT FL 33064 **LIGHTHOUSE POINT FL 33064**



2. Principal Place of Business Suite, Apt #, etc.
 3. Mailing Address Suite, Apt #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/04)
 4. FEI Number **59-0939528** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHEIN, JAY L.
3050 N. FEDERAL HWY., #208
LIGHTHOUSE FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Jay L. Shein* DATE 3/31/05
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEIN, JAY L.	
STREET ADDRESS	3050 N. FEDERAL HWY. #208	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEIN, BLAIR C	
STREET ADDRESS	3050 N. FEDERAL HWY. #208	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SHEIN, VAL M	
STREET ADDRESS	3050 N. FEDERAL HWY. #208	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 04/04/05-80049-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 employees.

SIGNATURE: *Jay L. Shein* DATE: 3/31/05 TELEPHONE: (954) 946-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR