

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-12-2004 90024 014 ****50.00

DOCUMENT # L03000021250

1. Entity Name
COMPASS WEALTH MANAGEMENT LLC



Principal Place of Business
 7735 NW 146TH ST SUITE 303
 MIAMI LAKES, FL 33016

Mailing Address
 7735 NW 146TH ST SUITE 303
 MIAMI LAKES, FL 33016

34006411



2. Principal Place of Business

3. Mailing Address

04092004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

33-1062454

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO ST., STE. 300
 CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

Filing Fee is \$50.00.
 Due by May 4, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	2501 S. Ocean Blvd. Apt 302
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	Fernandez Sergio
CITY-ST-ZIP	6525 SW 134 DR. MIAMI, FL 33156
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	

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/04

Date

Daytime Phone #