

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 021 ***150.00

DOCUMENT # P00000005136
1. Entity Name
COMPA TRENDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13960 SW 172 ter 3. Mailing Address 13960 SW 172 ter
Suite, Apt. #, etc. 13960 Suite, Apt. #, etc.
City & State Miami, Fla. City & State Miami, Fla.
Zip 33177 Country USA Zip 33177 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973730 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Corporate Creations INC
Street Address (P.O. Box Number is Not Acceptable)
940 4th street #200
City Miami Beach FL Zip Code 33139

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRUDHOMME, FEDE</u> <u>13960 SW 172 terr</u> <u>Miami Fla. 33177</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 5-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)