

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 015 ***150.00

DOCUMENT # P05000004674

1. Entity Name
COMPASS CARRIERS, INC.



Principal Place of Business
**2455 EAST SUNRISE BLVD #1103
FT LAUDERDALE, FL 33304**

Mailing Address
**2455 E SUNRISE BLVD #1103
FT LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2172604

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, NATALIE M
1333 NW 87TH AVE
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EKBERG, JONAS
STREET ADDRESS	616 NE 16TH AVE #3
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	S
NAME	HOCKMAN, DON A
STREET ADDRESS	433 NW 115TH TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VICE PRESIDENT
NAME	KROKSTEDT, PETER
STREET ADDRESS	4035 NE 34TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2007
Date

Daytime Phone #