

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111102

Entity Name: KOMPA EN ACTION, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

8071 NORTHWEST 44TH COURT  
#4  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

8071 NORTHWEST 44TH COURT #4  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

7801 NORTHWEST 44TH COURT  
#2  
CORAL SPRINGS, FL 33065

## New Mailing Address:

7801 NORTHWEST 44TH COURT #2  
CORAL SPRINGS, FL 33065

FEI Number: 03-0565429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOSEPH, WADELENE  
8071 NORTHWEST 44TH COURT #4  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

JOSEPH, WADELENE  
7801 NORTHWEST 44TH COURT #2  
CORAL SPRINGS, FL 33065 US

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: WADELENE JOSEPH

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOSEPH, WADELENE  
Address: 8071 NORTHWEST 44TH COURT #4  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: JOSEPH, ARNOLD  
Address: 8071 NW 44TH CT #4  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: CECIL, DESCIL  
Address: 34-1175TH STREET  
City-St-Zip: JACKSON HEIGHTS, NY 11372

Title: AD ( ) Delete  
Name: GERALD, LAGUERRE  
Address: 1551 NE 167TH STREET APT 815  
City-St-Zip: NORTH MIAMI, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JOSEPH, WADELENE  
Address: 7801 NORTHWEST 44TH COURT #2  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Change ( ) Addition  
Name: JOSEPH, ARNOLD  
Address: 7801 NW 44TH CT #2  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADELENE JOSEPH

MS.

04/20/2009

Electronic Signature of Signing Officer or Director

Date