


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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90237 005 ***150.00

DOCUMENT # P93000009574
1. Entity Name
Kompass U.S.A., INC.



DO NOT WRITE IN THIS SPACE

042001396

2. Principal Place of Business
2929 E Commercial Blvd
Suite, Apt. #, etc.
201

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State

4. FEI Number
65-0388419
Applied For
 Not Applicable

Zip
33308

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Timothy K. Mahon
Street Address (P.O. Box Number is Not Acceptable)
2929 E. Commercial Blvd, Ste 201
Fort Lauderdale
City
FL Zip Code
33308

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.T.D. Predrag Krivokapic 2929 E. Commercial Blvd, Ste. 201 Fort Lauderdale, FL 33308</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Predrag Krivokapic 04 20 2004 847219200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)