

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000004674

**Entity Name:** COMPASS CARRIERS, INC.

**Current Principal Place of Business:**

2455 E. SUNRISE BLVD., SUITE #1103  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2455 E. SUNRISE BLVD., SUITE #1103  
FORT LAUDERDALE, FL 33304

**FEI Number:** 20-2172604

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATALIE M. ADAMS, P.A.  
1640 W. OAKLAND PARK BLVD., #303  
FORT LAUDERDALE, FL 33311 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EKBERG, JONAS  
Address 2455 E. SUNRISE BLVD., SUITE #1103  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VP  
Name KROKSTEDT, PETER  
Address 2455 E. SUNRISE BLVD., SUITE #1103  
City-State-Zip: FORT LAUDERDALE FL 33304

Title S  
Name HOCKMAN, DON  
Address 2455 E. SUNRISE BLVD., SUITE #1103  
City-State-Zip: FORT LAUDERDALE FL 33304

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONAS EKBERG

**PRESIDENT**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date