#### 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: PREDRAG KRIVOKAPIC

Electronic Signature of Signing Officer/Director Detail

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

KRIVOKAPIC, PREDRAG 2929 E COMMERCIAL BLVD 201 FORT LAUDERDALE, FL 33308 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

Officer/I	Director Detail :	
Title	SECRETARY	

Title	SECRETARY	Title	PRESIDENT, TREASURER, DIRECTOR	
Name	RIQUELME, MIRJANA	Name	KRIVOKAPIC, PREDRAG	
Address	2929 E COMMERCIAL BLVD 201	Address	2929 E COMMERCIAL BLVD 201	
City-State-Zip:	FT LAUDERDALE FL 33308	City-State-Zip:	FT LAUDERDALE FL 33308	

## 2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000009574

Entity Name: KOMPAS U.S.A., INC.

#### **Current Principal Place of Business:**

2929 E COMMERCIAL BLVD 201 FT LAUDERDALE, FL 33308

#### **Current Mailing Address:**

2929 E COMMERCIAL BLVD 201 FT LAUDERDALE, FL 33308

#### FEI Number: 65-0388419

# 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

PRESIDENT

07/16/2014

Date

#### FILED Jul 16, 2014 Secretary of State CC1852817191

Certificate of Status Desired: No

Date