

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L37738**

1. Entity Name  
**COMPLEX BUSINESS SERVICES, INC.**



Principal Place of Business

**6861 S.W. 196 AVE.  
SUITE 201-04  
FORT LAUDERDALE, FL 33322**

Mailing Address

**6861 S.W. 196 AVE.  
SUITE 201-04  
FORT LAUDERDALE, FL 33322**



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0170042**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAPLAN, DONALD  
6861 S.W. 196 AVE.  
SUITE 201-04  
FORT LAUDERDALE, FL 33322**

**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, 2006 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	MOECKER, MICHAEL
STREET ADDRESS	2233 OVERLOOK DRIVE
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	S
NAME	KAPLAN, DONALD
STREET ADDRESS	6861 S.W. 196 AVE., #201-04
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322

100000480304  
04/11/06 00012-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, 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 all other like empowered.

SIGNATURE:

*Donald Kaplan*