2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023449

1. Entity Name
COMPLIMENTI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 30 AM 8:00

Principal Place of Business	Mailing Address
602 NW 98 COURT MIAMI, FL 33172	602 NW 98 COURT MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

09282004 No Chg-P CR2E034 (10/03) MRS

4. FEI Number
65-1077451

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R CPA
6401 S.W. 87 AVE, STE. 202
MIAMI, FL 33173

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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 _____ 700041616457 10/05/04--01094--011 **550.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANOR, NURIA
STREET ADDRESS	602 NW 98 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	DE ANOR, NURIA
STREET ADDRESS	602 NW 98 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #