

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000023449

1. Entity Name
COMPLIMENTI, INC.



Principal Place of Business

602 NW 98 COURT
MIAMI, FL 33172

Mailing Address

602 NW 98 COURT
MIAMI, FL 33172



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FID 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

**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 of applicant

[Signature] Registered Agent Signature typed or printed name of agent

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME

PD
ANOR, NURIA
602 NW 98 COURT
MIAMI, FL 33172

TITLE
NAME

SD
DE ANOR, NURIA
602 NW 98 COURT
MIAMI, FL 33172

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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05/11/06-80107-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 802, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all data like indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #