

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000025562

Entity Name
COMPASS AUTO TRANSPORT, INC.



Principal Place of Business
**3610 SW 108 COURT
MIAMI, FL 33165 US**

Mailing Address
**3610 SW 108 COURT
MIAMI, FL 33165**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARELA, HERIBERTO JR
3610 SW 108 COURT
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when retitling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

OFFICERS AND DIRECTORS

NAME	PD VARELA, HERIBERTO JR
HOME ADDRESS	3610 SW 108 COURT
CITY-STATE-ZIP	MIAMI, FL 33165
NAME	VTD VARELA, REGLA M
HOME ADDRESS	3610 SW 108 COURT
CITY-STATE-ZIP	MIAMI, FL 33165
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	

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01/30/06-80025-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 352209590
Date Daytime Phone #