FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90416 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000118054 1. Entity Name COMPEX SOLUTIONS, INC. Principal Place of Business Mailing Address 27029 CORAL SPRINGS DR 27029 CORAL SPRINGS DR WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			1. FEI Number 65-1057578			Applied For Not Applicable	
Zip	Country Zip (Country 5. Certificate of Status Desired			\$8.75 Additional Fee Required		Iditional	1
	6. Name and Address of Current Re	gistered Agent		7. 1	lame and Address of New Registe				1
			Name						7
LORENZO, MAURICE				Street Address (P.O. Box Number is Not Acceptable)				<u></u>	
2702	29 CORAL SPRINGS DR		Sileet Addit	Street Address (P.O. Box Number is Not Acceptable)					
WES	SLEY CHAPEL FL 33543								1
			-						1
			City			FL	Zip Coc	de	
8. The above	named entity submits this statement for the	ne purpose of changing its re	aistered office or rec	nistered and	ent, or both, in the State of Florida.				4
		to purpose of changing its fe	gistered effice of feg	Jistereo agi	ent, or both, in the State of Florida.				1
SIGNATURE	4)(4)								1
SIGNATURE	Signature, typed printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signature re	quired when re	instating) Di	ATE			
		T							4
	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150.00		10. Election Campaign Financing	ı	\$5.0	00 May Be	1
(See crite	ria on back)	After MAY 1, 2001 Make Check Payable			Trust Fund Contribution.			d to Fees	1
									_[
11.	OFFICERS AND DIF		12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DI	RECTOR	S IN 11]_
TITLE	D	☐ Delete	TITLE				Change	Addition	100
NAME STREET ADDRESS	LORENZO, MAURICE		NAME						19
STREET ADDRESS CITY-ST-ZIP	27029 CORAL SPRINGS DR		STREET ADDRESS						8
	WESLEY CHAPEL FL 33543	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP] ပ္က
TITLE	D	☐ Delete	TITLE				Change	Addition 🔲	CR2E034 (10/00)
NAME STREET ADDRESS	DIAZ, ANDRES		NAME						
STREET ADDRESS CITY-ST-ZIP	29111 CROSSLANDS DR		STREET ADDRESS						
	WESLEY CHAPEL FL 33543	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP						
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TITLE NAME		☐ Delete	TITLE				Change	Addition	1
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TITLE NAME		☐ Delete	TITLE				Change	☐ Addition	1
STREET ADDRESS			NAME STREET ADDRESS						ĺ
CITY-ST-ZIP			CITY-ST-ZIP						ĺ
	ertify that the information supplied with this	filipp after not explife for the							1
indicated of the con	ertify that the information supplied with this on this report or supplemental report is tra- poration or the receiver or trustee empoye	 minig does not quality for the e and accurate and that my sed to execute this report as red 	e exemption stated in signature shall have t required by Chapter	n Section 11 the same le 607. Florida	19.0/(3)(i), Florida Statutes. I further gal effect as if made under oath; that a Statutes; and that my name are as	certify that I am a	nat the in n officer	formation or director	}

changed, or on an attachment with an address when like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR