


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State


02-21-2008 90025 004 ***150.00

DOCUMENT # P01000019348		
1. Entity Name COMPANIONS PLUS CORPORATION		

Principal Place of Business 10191 W. SAMPLE ROAD 100 CORAL SPRINGS, FL 33065	Mailing Address 10191 W. SAMPLE ROAD 100 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40063400



02112008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0682765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERKOWITZ, AUDREY 10191 W. SAMPLE ROAD 100 CORAL SPRINGS, FL 33065		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

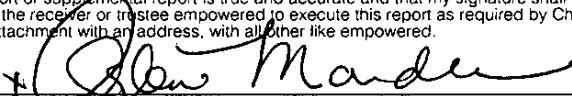
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERKOWITZ, AUDREY 71 SW 112 TERRACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARDER, ARLENE 5867 NW 125 TH TERRACE POMPANO BEACH, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

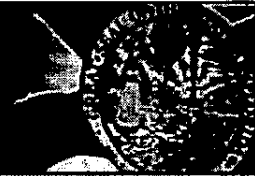
SIGNATURE:  2/14/08 954-2556787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40029423

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P01000019348

Business Entity Name COMPANIONS PLUS CORPORATION

Original File Date 02/21/2001

FEI Number 01-0682765

Principal Address 10191 W. SAMPLE ROAD
100
CORAL SPRINGS, FL 33065

Mailing Address 10191 W. SAMPLE ROAD
100
CORAL SPRINGS, FL 33065

Registered Agent AUDREY BERKOWITZ
10191 W. SAMPLE ROAD
100
CORAL SPRINGS, FL 33065

Officer/Director Name And Address

PD
AUDREY BERKOWITZ
71 SW 112 TERRACE
CORAL SPRINGS, FL 33071

VD
ARLENE MARDER
5867 NW 125 TH TERRACE
POMPANO BEACH, FL 33076

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

If you need to make
changes to the above
information, please
select:

OK
all the above
is correct
(P)

fees \$150⁰⁰