

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094924

FILED
Jan 16, 2006
Secretary of State

Entity Name: COMM-PASS INTERNATIONAL SERVICES, INC.

Current Principal Place of Business:

10185 COLLINS AVENUE
1201
MIAMI BEACH, FL 33154

New Principal Place of Business:

Current Mailing Address:

PO BOX 403655
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1147051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHUTTS & BOWEN LLP
201 SOUTH BISCAYNE BOULEVARD
SUITE 1500
MIAMI, FL 33131 US

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.

SIGNATURE: EDUARDO D. SINAGRA

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BALESTIERI, MARIA FERNANDA
Address: 10185 COLLINS AVE., APT. 423
City-St-Zip: BAL HARBOR, FL 33154

Title: S () Delete
Name: SINAGRA, EDUARDO D
Address: 10185 COLLINS AVE., APT. 423
City-St-Zip: BAL HARBOR, FL 33154

Title: P () Delete
Name: SINAGRA, ENRIQUE A
Address: 10185 COLLINS AVE APT 1201
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO D. SINAGRA

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01/16/2006

Electronic Signature of Signing Officer or Director

Date