


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90229 020 ***150.00

DOCUMENT # P02000014065					
1. Entity Name KOMPASS CORPORATION					
Principal Place of Business 1051 NE 90 STREET MIAMI, FL 33138			Mailing Address 1051 NE 90 STREET 301 MIAMI, FL 33138		
2. Principal Place of Business <i>1474 Sandpiper Circle</i>			3. Mailing Address <i>1474 Sandpiper Circle</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Weston, Florida</i>			City & State <i>Weston, Florida</i>		
Zip <i>33327</i>		Country <i>U.S.A.</i>		Zip <i>33327</i>	
Country <i>U.S.A.</i>		4. FEI Number 03-0388037			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOVAR, ILEANA ARIAS ESQ. 1725 MAIN STREET, SUITE NO. 205 WESTON, FL 33326			7. Name and Address of New Registered Agent Name: <i>TOVAR, ILEANA ARIAS ESQ.</i> Street Address (P.O. Box Number is Not Acceptable): <i>1725 MAIN STREET, SUITE N° 209</i> City: <i>WESTON, FL.</i> FL <i>33326</i>		
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUMINS, VISVALDIS J. 1051 NE 90 STREET MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IGNACIO ARIAS 13744 BISCAYNE BLVD. N. MIAMI BEACH, FL. 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBIETIS DE KRUMINS, KARINA 1051 NE 90 STREET MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICARDO OCELANA 3300 N. Palmer Dr. Apt. 210 POMPANO BEACH, FL 33069 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>04/26/2004</i> <i>786.3996919</i> <small>Daytime Phone #</small>		

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