

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90015 013 ***158.75

DOCUMENT # P02000020439

1. Entity Name
COMPINTEL, INC.



Principal Place of Business

**2395 EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON, FL 33431**

Mailing Address

**2395 EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON, FL 33431**

44047938



2. Principal Place of Business

2385 EXECUTIVE CENTER DR. (SAME)

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

City & State
BOCA RATON FL

Zip
33431

Country

City & State

Zip

Country

07082004

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0555524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELDRE, LARS
2385 EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HELDRE, LARS 2385 EXECUTIVE CENTER DR. #100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

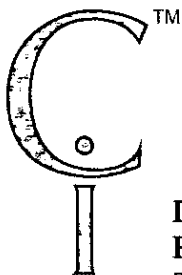
SIGNATURE: **LARS HELDRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/04 (561) 997-5844

Date

Daytime Phone #



Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

July 7, 2004

To Whom It May Concern:

Please note, after talking to my accountant today, it has just come to my attention that I never received your notification for renewal of the corporation CompIntel, Inc. The reason for this is the fact that you did not have the correct mailing address, i.e., you had the wrong street number and the wrong street name.

Enclosed please find a check for \$158.75, which includes \$8.75 for a certificate of status.

Sincerely,


Lars Heldre
President

CompIntel, Inc.
Information Service Solutions

2385 Executive Center Drive, Suite 100, Boca Raton, FL 33431
Tel: (561) 997-5844 • Fax: (561) 962-2710

Attachment
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