

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                           |                                                                                                                                                                                                                                                |                                                                                                        |  |
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| <b>DOCUMENT # P03000025521</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                           |                                                                                                                                                                                                                                                |                                                                                                        |  |
| <b>1. Entity Name</b><br>COMPLIANCE RESOURCE MANAGEMENT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                           |                                                                                                                                                                                                                                                |                                                                                                        |  |
| <b>Principal Place of Business</b><br>1194 HILLSBORO MILE, #74<br>HILLSBORO BCH FL 33062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                           | <b>Mailing Address</b><br>1194 HILLSBORO MILE, #74<br>HILLSBORO BCH FL 33062                                                                                                                                                                   |                                                                                                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <b>3. Mailing Address</b> |                                                                                                                                                                                                                                                |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | Suite, Apt. #, etc.       |                                                                                                                                                                                                                                                |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | City & State              |                                                                                                                                                                                                                                                | <b>4. FEL Number</b> <u>74-308207K</u>                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | Country                   |                                                                                                                                                                                                                                                | Applied For<br>Not Applicable                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | Country                   |                                                                                                                                                                                                                                                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CORPORATE CREATIONS NETWORK, INC.<br>941 FOURTH STREET #200<br>MIAMI BEACH FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                           | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>R. Lawrence Bonner</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>100 S.E. Second Street #3400</u><br>City: <u>Miami</u> State: <u>FL</u> Zip Code: <u>33131</u> |                                                                                                        |  |
| <b>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.</b><br>SIGNATURE: <u>[Signature]</u> DATE: <u>1/24/04</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>                                                                                                                                                                                               |                                                                               |                           |                                                                                                                                                                                                                                                |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                  |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                   |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>KANOWITZ, MELVIN P<br>1194 HILLSBORO MILE, #74<br>HILLSBORO BCH FL 33062 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                               |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                               |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                               |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                               |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                               |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                                                               |                           |                                                                                                                                                                                                                                                |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                           | Date: <u>1/24/04</u> Daytime Phone #: <u>305-489-0668</u>                                                                                                                                                                                      |                                                                                                        |  |