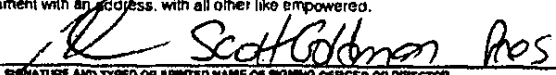


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

3/

03-15-2004 90009 011 ***150.00

DOCUMENT # P03000071181			
1. Entity Name COMPROMISED MANAGEMENT, INC.			
Principal Place of Business 6911 NW 82 COURT TAMARAC, FL 33321		Mailing Address 6911 NW 82 COURT TAMARAC, FL 33321	
2. Principal Place of Business 1136 ROYAL PALM BEACH BLVD		Mailing Address 1136 ROYAL PALM BEACH BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH FL		City & State ROYAL PALM BEACH FL	
Zip 33411		Country USA	
3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 56-2379668	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, CHERYL 6911 NW 82 COURT TAMARAC, FL 33321		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 _____ (NOTE: Registered Agent signature required when requesting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD GOLDMAN, SCOTT 10458 BUENA VENTURA DRIVE BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDMAN, PHILLIP 13646 GLOSGOW LANE DELRAY BEACH, FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, PHILLIP 13646 GLOSGOW LANE DELRAY BEACH, FL 33446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, CHERYL 6911 NW 82 COURT TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, JOHN 6911 NW 82 CT. TAMARAC, FL 33321 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Scott Goldman Pres.		Date: 3-8-04 Daytime Phone: 561-7535775	