

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90134 045 \*\*\*150.00

**DOCUMENT # P03000071181**

1. Entity Name  
**COMPROMISED MANAGEMENT, INC.**



Principal Place of Business      Mailing Address

1136 ROYAL PALM BEACH BLVD      1136 ROYAL PALM BEACH BLVD  
 WEST PALM BEACH, FL 33411      WEST PALM BEACH, FL 33411

**40029556**



03022005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 56-2379668      Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDMAN, SCOTT
STREET ADDRESS	10458 BUENA VENTURA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	SD
NAME	GOLDMAN, PHILLIP
STREET ADDRESS	13646 GLOSGOW LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VD
NAME	BAKER, CHERYL
STREET ADDRESS	6911 NW 82 COURT <i>11989 52ND ROAD NORTH</i>
CITY-ST-ZIP	TAMARAC, FL 33321 <i>ROYAL PALM BEACH, FL 33411</i>
TITLE	TD
NAME	BAKER, JOHN
STREET ADDRESS	6911 NW 82 CT <i>11989 52ND ROAD NORTH</i>
CITY-ST-ZIP	PORT LAUDERDALE, FL 33321 <i>ROYAL PALM BEACH, FL 33411</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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*      *3-5-05*      *561-7534777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #