

2006 FIDELITY REPORT ANNUAL REPORT

FILED

Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90025 027 ***150.00

DOCUMENT # P03000071181

1. Entity Name
COMPROMISED MANAGEMENT, INC.



Principal Place of Business
**1136 ROYAL PALM BEACH BLVD
WEST PALM BEACH, FL 33411**

Mailing Address
**1136 ROYAL PALM BEACH BLVD
WEST PALM BEACH, FL 33411**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

56-2379668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, CHERYL
6911 NW 82 COURT
TAMARAC, FL 33321**

Name
BAKER, CHERYL

Street Address (P.O. Box Number is Not Acceptable)
11989 52ND ROAD NORTH

City **ROYAL PALM BEACH**

FL

Zip Code **33411**

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 \$150.00
After May 1, 2006 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
**SD
GOLDMAN, PHILLIP
13646 GLOSGOW LANE
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BAKER, CHERYL
11989 52ND ROAD NORTH
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BAKER, CHERYL
11989 52ND ROAD NORTH
ROYAL PALM BEACH, FL 33411** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BAKER, JOHN
11989 52ND ROAD NORTH
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BAKER, JOHN
11989 52ND ROAD NORTH
ROYAL PALM BEACH, FL 33411** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 exemptions contained in Chapter 119, 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:

John Baker **JOHN BAKER**

1/4/06 561-753-3779

SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR

Date

Telephone Number