ANNUAL REPORT **DOCUMENT # P03000071181**



FILED Jan 25, 2006 8:00 am

| PROCEDURE Place of Business 1136 ROYAL PALM BEACH BLVD WEST PALM BEACH, FL 33411 2. Principal Place of Business Suite, Apt. #, etc. 1. City & Suite 1. Replied For Sec. 1. Re | COMPROMISED MANAGEMENT, INC. | | | | | | Secretary of State 01-25-2006 90025 027 ***150.00 | | | | | |
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| City & State | 2. Principal F | Place of Business | 3. Mailing Address | . Mailing Address | | | | | | | | |
| Signature Sign | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 01042006 | Chg-P | CR2E03 | 4 (11/05) | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Gold Address of New Registered Agent 7. Name and Address of New Registered Agent NAME ARC CHERYL Street Agents FL Zip Code 334f(c) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and eccept the obligations of registered agent. SIGNATURE Summary from the range of prend name of ingerioral agent and its applicable. (OTE Registered Agent or tooth, in the State of Floride. I am familiar with, and eccept the obligations of registered agent. SIGNATURE Summary from the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and eccept the obligations of registered agent. SIGNATURE Summary from the purpose of changing finencing St. OO May 8b Added to Fees The Novill FEE IS \$150,00 Summary framework in missarch i | City & Stat | е | City & State | City & State | | | | | | | | |
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| BAKER, CHERYL 6911 N.W. BZ COURT TAMARAC, FL 33321 Siret Aggings [D. Dox Number is Not Acceptable) Light Sq. Nb. RoAD NORTH | | 6. Name and Address of Current | Registered Agent | | •• | | 7. Name and | Address of New | Registered Ag | ent | | |
| SITER ADDRESS OFFICERS AND DIRECTORS IN 11 OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICER | BAKER C | HERYI | | 1 | BAKER, CHERYL | | | | | | | |
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| 6. The above named entity subtritis 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 Sundhus, typed or printed name of registered agent and the 1 applicable. ORTICE Registered Agent signature requised when retristing) PL | TAMARAC, FL 33321 | | | | | . J | a NO K | DAD NUK | 117 | | | |
| 6. The above named entity subtritis 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 Sundhus, typed or printed name of registered agent and the 1 applicable. ORTICE Registered Agent signature requised when retristing) PL | | | | | | Royal Palm BEARY FI Zip Code 334 | | | | | °334((| |
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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, Rorida 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.