

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098403

FILED
May 22, 2006
Secretary of State

Entity Name: THE COMPASS ADVISORY FIRM, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146

New Principal Place of Business:

10530 NW 26TH ST
SUITE: F-201
DORAL, FL 33172 US

Current Mailing Address:

4000 PONCE DE LEON BLVD.
STE. 470
CORAL GABLES, FL 33146

New Mailing Address:

10530 NW 26TH ST
SUITE: F-201
DORAL, FL 33172 US

FEI Number: 56-2398887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIS, ANNYVIES
17079 SW 16 ST.
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

LUIS, ANNYVIES
10530 NW 26TH ST
SUITE: F-201
DORAL, FL 33172 US

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.

SIGNATURE: ANNYVIES LUIS

05/22/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, JORGE F
Address: 17079 SW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S (X) Delete
Name: LUIS, ANNYVIES
Address: 17079 SW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUIS, ANNYVIES
Address: 10530 NW 26TH ST SUITE: F-201
City-St-Zip: DORAL, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNYVIES LUIS

PD

05/22/2006

Electronic Signature of Signing Officer or Director

Date