


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000073850**

1. Entity Name  
**KOMP HOLDINGS, INC.**



Principal Place of Business  
**213 NE 211 TERRACE  
 MIAMI, FL 33179**

Mailing Address  
**213 NE 211 TERRACE  
 MIAMI, FL 33179**

**DO NOT WRITE IN THIS SPACE**



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1106196**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OZROVITZ, KEVIN  
 213 NE 211 TERRACE  
 MIAMI, FL 33179**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D
NAME	OZROVITZ, KEVIN
STREET ADDRESS	213 NE 211 TERRACE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	OZROVITZ, MARLENE
STREET ADDRESS	213 NE 211 TERRACE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	OZROVITZ, PHILIP
STREET ADDRESS	213 NE 211 TERRACE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/22/06-80103-015 150.00

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:** \_\_\_\_\_ **4/7/06** (35) 479-4791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #