2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

Daytirne Phone #

ANNUAL REPORT				Ŋ	Secretary or State			
DOCUMENT # P04000073850 1. Entity Name KOMP HOLDINGS, INC.						0049 003 ***150		
Principal Plac	e of Business	Mailing Address						
,	•	-						
213 NE 211		213 NE 211 TERRACE		Ì				
Miami, FL 3	31/9	MIAMI, FL 33179	•					
Principal Place of Business - NovP.O. Box # 3. Mailing Address								
10886 Blue Palm St 10886 Blue Par				at 111111111111111111111111111111111111	Bill Blok Bbill bolk bblil	88111 18288 11181 18181 B1111 B1		
Suite, Apt.		Suite, Apt. #, etc.	10-12/1	04142007	Chg-P	CR2E034 (12/06)		
City & Stat		City & State /		4. FEI Number		` '		
PU	entation R	Plantation	12	20-1106		} 	oplied For ot Applicable	
Zip -	Country 23		Country	5. Certificate o	f Status Desired	□ \$8.75 Add	ditional	
22	32.4°	<u> </u>				Fee Require	ed	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
OZROVITZ, KEVIN								
213 NE 211 TERRACE				ress (P.O. Box Number	is Not Acoedtable) -1	4	
, MIAMI, FL		ress (P.O. Box Number	e Pal	n Street	7			
	;		City	- L. L.		FL Zip Cod	<u> </u>	
R Thombour	named entity submits this statement for	the purpose of sheeping its as-	rictored office and	NTATIM	in the Class of T-	<u>رور – </u>	124	
	inamed entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or re	egistered agent, or both	, in the State of Floi	ida. Tam tamiliar wiln,	and accept	
,	1.1.		_		4/7	165		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable	astered Agent signature	required when reinstating)	/	DATE		
	Judier 14300 O. Dillited Paris di Cedistrico agent di	TO THE P APPRICADIC, 12 (NOTE: NO	Arster and wide it sugnetion as	required when territeristating)		DAIC		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
. 10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME	OZROVITZ, KEVIN		NAME	10886 B/	in Pala	n Street		
STREET ADDRESS	213 NE 211 TERRACE		STREET ADDRESS	10886 BK			Ì	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Plantation	5 E.	33324	Ţ	
	D			r just a rus	, , , ,			
TITLE		☐ Defete	TIFLE	10001 71	a Palm	Change	☐ Addition	
NAME	OZROVITZ, MARLENE		NAME /	10886 Blu	e rain	street	Ī	
STREET ADDRESS	213 NE 211 TERRACE		STREET ADDRESS I	A . /	_	13324		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Plantation	11 3	,		
TITLE	D	Delete	TITLE		11	Change	☐ Addition	
NAME	OZROVITZ, PHILIP		NAME /	10886 Blu	e raim	street!		
STREET ADDRESS	213 NE 211 TERRACE		STREET ADDRESS	11 / /			1	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	10886 Blu Plantation	R	33324		
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				1	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME .		□ Délété	NAME			□ cuange	☐ ¥000000	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	,		CITY-ST-ZIP]	
								
TITLE	. 4	☐ Delete	TITLE			Change	Addition	
NAME:	1 4 2 1 1 7		NAME					
STREET ADDRESS®			STREET ADDRESS				1	
CITY_ST-ZIP	<u> </u>		CITY-ST-ZIP			*		
12. Thereby o	certify that the information supplied with	this filing does not qualify for th	e exemptions cont	tained in Chapter 119.	Florida Statutes. I f	urther certify that the in	nformation	
indicated	on this report or supplemental report is poration or the receiver or trustee empore	true and accurate and that my s	ignature shall have	e the same legal effect	as if made under or	ath; that I am an officer	or director	
changed,	or on an attachment with an address, w	ith all other like empowered.	edaneo oa cuabit	er 507, ritulida Statutes;	and that my harne	appears in DIOCK 30 Of	DIOCK ITH	
	ν				.1 /		ĺ	
SIGNATURE: X 4/2267								