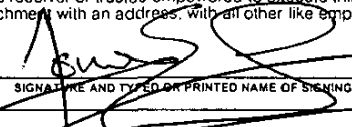


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90152 026 ***150.00

DOCUMENT # P05000004674 1. Entity Name COMPASS CARRIERS, INC.					
Principal Place of Business 2455 EAST SUNRISE BLVD #1103 FT LAUDERDALE, FL 33304			Mailing Address 2455 E SUNRISE BLVD #1103 FT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-2172604	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, NATALIE M 1333 NW 87TH AVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent ADAMS, NATALIE M. 1640 W. OAKLAND PARK BLVD #303 FORT LAUDERDALE, FL 33311	
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: 		NATALIE M. ADAMS		APRIL 23, 2008	
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, 2008 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	P EKBERG, JONAS 616 NE 16TH AVE #3 FT LAUDERDALE, FL 33304	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EKBERG, JONAS 2455 EAST SUNRISE BLVD #1103 FORT LAUDERDALE, FL 33304
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOCKMAN, DON A 433 NW 115TH TERR CORAL SPRINGS, FL 33071	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KROKSTEDT, PETER 2455 EAST SUNRISE BLVD #1103 FORT LAUDERDALE, FL 33304
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROKSTEDT, PETER 4035 NE 14TH AVE FORT LAUDERDALE, FL 33308	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HOCKMAN, DON A. 2455 EAST SUNRISE BLVD #1103 FORT LAUDERDALE, FL 33304
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
☐ 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: 		JONAS EKBERG		APRIL 23, 2008	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	