

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-27-2006 90037 046 ***150.00

DOCUMENT # P05000031203 1. Entity Name COMPEX VOCATIONAL SERVICES INC.																									
Principal Place of Business 28944 SR 54 WESLEY CHAPEL, FL 33543			Mailing Address 28944 SR 54 WESLEY CHAPEL, FL 33543																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State		City & State																							
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-size: 1.2em;">06-1741460</div>																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%;"> PO WALLRICH, TROY H 28944 SR 54 WESLEY CHAPEL, FL 33543 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> VO DIAZ, ANDRES JR 28944 SR 54 WESLEY CHAPEL, FL 33543 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> STD LORENZO, MAURICE 28944 SR 54 WESLEY CHAPEL, FL 33543 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WALLRICH, TROY H 28944 SR 54 WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	VO DIAZ, ANDRES JR 28944 SR 54 WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	STD LORENZO, MAURICE 28944 SR 54 WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									
<div style="display: flex; justify-content: space-between;"> <div>1-24-06</div> <div>813-994-6894</div> </div>																									

66002151



01242006 Chg-P CR2E034 (11/05)

ATTACHMENT

66002151
#P05000091203Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

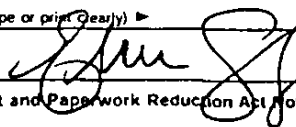
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **06-1741460**

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested COMPEX VOCATIONAL SERVICES INC.		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) 28944 State Road 54		5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code Wesley Chapel, Florida 33543		5b City, state, and ZIP code
6 County and state where principal business is located Pasco County, Florida		
7a Name of principal officer, general partner, grantor, owner, or trustee Maurice Lorenzo, Secretary		7b SSN, ITIN, or EIN 589-68-9820
8a Type of entity (check only one box)		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country
Florida		
9 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10 Date business started or acquired (month, day, year) 02/05		11 Closing month of accounting year December
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input type="checkbox"/> 0		
14 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify)		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Vocational Services		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____		
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ ELSIE SANCHEZ, Treasurer		(813) 1917-1971
Signature ▶ 		Applicant's fax number (include area code)
Date ▶ 03/03/05		(305) 857-3700

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)



ATTACHMENT

#66 002151

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

COMPEX VOCATIONAL SERVICES INC.
28944 SR 54
WESLEY CHAPEL, FL 33543

Subject: **COMPEX VOCATIONAL SERVICES INC.**

Reference Number: **P05000031203**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION