## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000031203

Entity Name: COMPEX VOCATIONAL SERVICES INC.

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8875 HIDDEN RIVER PKWY WESLEY CHAPEL, FL 33543

550

TAMPA, FL 33637

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 46685 28944 SR 54

WESLEY CHAPEL, FL 33543 TAMPA, FL 33647 US

FEI Number: 06-1741460 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

MAURICE, LORENZO 27029 CORAL SPRINGS DR TAMPA, FL 33543

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: MAURICE LORENZO 05/02/2007

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition WALLRICH, TROY H LORENZO, MAURICE Name:

Name: 28944 SR 54 P.O. BOX 46685 Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: TAMPA, FL 33647 US

Title: VD Title: () Delete (X) Change ( ) Addition

DIAZ, ANDRES JR Name: Name: DIAZ, ANDRES JR 28944 SR 54 P.O. BOX 46685 Address: Address: WESLEY CHAPEL, FL 33543 TAMPA, FL 33647 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: STD (X) Change ( ) Addition

LORENZO, MAURICE Name: LORENZO, MAURICE Name: 28944 SR 54 P.O. BOX 46685 Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: MAURICE LORENZO 05/02/2007