

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065430

**FILED**  
**May 30, 2010**  
**Secretary of State**

**Entity Name:** COMPLETE HIGHWAY IDENTITY, INC.

**Current Principal Place of Business:**

18090 COLLINS AVE T17-150  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

16850 COLLINS AVE SUITE 440  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18090 COLLINS AVE T17-150  
SUNNY ISLES, FL 33160

**New Mailing Address:**

16850 COLLINS AVE SUITE 440  
SUNNY ISLES, FL 33160

**FEI Number:** 20-4862585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, MIRNESA  
18090 COLLINS AVE T17-150  
SUNNY ISLES, FL 33160 US

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

MARTIN, MIRNESA  
16850 COLLINS AVE SUITE 440  
SUNNY ISLES, FL 33160 US

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:

05/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, MIRNESA  
Address: 16850 COLLINS AVE SUITE 440  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: MIRNESA MARTIN

P

05/30/2010

Electronic Signature of Signing Officer or Director

Date