


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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11 JUN 21 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # <b>P08000015914</b>	
1. Entity Name <b>Compass Travel Marketing, Inc.</b>	

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2. Principal Place of Business - No P.O. Box # <b>10120 NW 66th St #309</b>		3. Mailing Address <b>10120 NW 66th St.</b>	
Suite, Apt. #, etc. <b>309</b>		Suite, Apt. #, etc. <b># 309</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL 33178</b>	
Zip <b>33178</b>	Country <b>Dade</b>	Zip <b>33178</b>	Country <b>Dade</b>

CR2E034B (11/08)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>Lucio Plazas</b> Street Address (P.O. Box Number is Not Acceptable) <b>10120 NW 66th St #309</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33178</b>		

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 **Lucio Plazas** (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LUCIA PLAZAS</b> <b>President</b> <b>10120 NW 66th St. # 309</b> <b>Miami FL 33178</b>
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06/22/11--01002--004 \*\*163.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lucio Plazas** **May 22 2011** **786.343.8362**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #