


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 022 ***158.75

DOCUMENT # P93000070492 1. Entity Name COMPTek SYSTEMS INTERNATIONAL CORP.					
Principal Place of Business 1723 N.W. 82 AVE. MIAMI, FL 33126 US			Mailing Address 1723 N.W. 82 AVE. MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box # 3110 West 84th Street		3. Mailing Address 3110 West 84th Street			
Suite, Apt. #, etc. Unit # 3		Suite, Apt. #, etc. Unit # 3			
City & State Hialeah, Florida		City & State Hialeah, Florida		4. FEI Number 65-0467869	
Zip 33018		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADENA, LIGIA 1723 NW 82 AVE. MIAMI, FL 33122				7. Name and Address of New Registered Agent Name Ligia Cadena Street Address (P.O. Box Number is Not Acceptable) 3931 Nighthawk Dr City Weston FL Zip Code 33331	
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 <u><i>Ligia O de Cadena</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CADENA, HENRY 3931 NIGHTHAWK DR. WESTON, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIGIA, CADENA O 3931 NIGHTHAWK DR. WESTON, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Date Daytime Phone #</small>					

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