

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 044 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000036657

1. Entity Name
COMPUACE, INC.



04041657

Principal Place of Business
5190 NW 167TH ST
STE #217
MIAMI, FL 33014 US

Mailing Address
5190 NW 167TH ST
STE #217
MIAMI, FL 33014 US



2. Principal Place of Business

14411 Commerce Way
Suite, Apt. #, etc.
#220

3. Mailing Address

14411 Commerce Way
Suite, Apt. #, etc.
#220

01142004 Chg-P CR2E034 (10/03)

City & State

Miami Lakes, FL

City & State

Miami LAKES FL

4. FEI Number
65-0748572

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAYND, SAUL
560 NW 165TH STREET ROAD
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
Paul R. Stearns

Street Address (P.O. Box Number is Not Acceptable)

14411 Commerce Way #220

City
MIAMI LAKES

FL

Zip Code
33016

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRAYND, SAUL
560 NW 165TH STREET ROAD
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRAYND, PAUL
560 NW 165TH STREET ROAD
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEARNS, PAUL
560 NW 165TH STREET ROAD
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEARNS, PAT
560 NW 165TH STREET ROAD
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-20-04 365-623-0360