

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90484 022 ***150.00

DOCUMENT # P97000080451

1. Entity Name
KOMPASS OFFICE PRODUCTS, INC.



Principal Place of Business
**2903 BAYVIEW AVENUE
TAMPA, FL 33611**

Mailing Address
**2903 BAYVIEW AVENUE
TAMPA, FL 33611**

94066229



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-3477132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTOPOLO-MONSALVE, LOUISE
2903 HOPI PL
TAMPA, FL 33634**

Name

Street Address (P.O. Box Number is Not Acceptable)
5020 Tampa West Blvd

City **Tampa FL**

FL Zip Code **33634**

7. Name and Address of New Registered Agent

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 **LOUISE SANTOPOLO-MONSALVE**

04/23/04

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

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
NAME **SANTOPOLO-MONSALVE, LOUISE**
STREET ADDRESS **2903 HOPI PL**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **VP** ☐ Delete
NAME **MONSALVE, JORGE**
STREET ADDRESS **2903 HOPI PL**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **5020 Tampa West Blvd**
STREET ADDRESS **Tampa FL 33634**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **5020 Tampa West Blvd**
STREET ADDRESS **Tampa FL 33634**
CITY-ST-ZIP

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

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

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

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

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: **LOUISE SANTOPOLO-MONSALVE** **4/23/04** **813-901-0678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #