


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 045 ***150.00

DOCUMENT # P97000100044 1. Entity Name COMPASS FINANCIAL ADVISORS, INC.					
Principal Place of Business 3050 N FEDERAL HWY, STE 208 LIGHTHOUSE POINT, FL 33064			Mailing Address 3050 N FEDERAL HWY, STE 208 LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business - No P.O. Box # 665 SE 10th Street		3. Mailing Address 665 SE 10th Street			
Suite, Apt. #, etc. Suite #202		Suite, Apt. #, etc. Suite #202			
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL			
Zip 33441	Country USA	Zip 33441	Country USA	4. FEI Number 65-0799530	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEIN, JAY L 3050 N FEDERAL HWY, STE 208 LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name SHEIN, JAY L. Street Address (P.O. Box Number is Not Acceptable) 665 SE 10th Street Suite #202 City Deerfield Beach, FL Zip Code 33441	
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>Jay L. Shein</u> <i>Jay L. Shein</i> DATE <u>4/30/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PTSD SHEIN, JAY L 3050 N FEDERAL HWY, STE 208 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Shein, Jay L. 665 SE 10th Street, Ste. #202 Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Val M. Shein</u> <i>Val M. Shein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/2007 (954) 481-2607 <small>Date Daytime Phone #</small>		

Jay L. Shein *Jay L. Shein*