

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000014885

1. Entity Name
KOMPASS TRADING, INC.



FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 021 ***150.00

Principal Place of Business
**1861 N FEDERAL HWY
#309
HOLLYWOOD, FL 33020**

Mailing Address
**1861 N FEDERAL HWY
#309
HOLLYWOOD, FL 33020**



08042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3504961

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LANCE, JOSEPH
9990 SW 77TH AVE PH-9
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PST
MORTENSEN, BEN T
208-3 SOUTH ARD STREET
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Aug 4. 04

Date

Daytime Phone #

561 870 5102



Attachment
54067680
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P98000014885**

Tracking Number: **600034000946**

The charge for your Annual Report is
\$150.00

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Attachment

524067680

#P98000014885

KOMPASS TRADING INC.

1861 N.FEDERAL HWY # 309
HOLLYWOOD FL. 33020
954 921 9646 FX 954 921 2844
KOMPSFD@MSN.COM

FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL. 32314

AUG.4.04

RE KOMPASS TRADING INC. DOC# P98000014885.

ANNUAL REPORT/RENEWAL

WE HAVE RECEIVED NOTICE OF INTENT TO DISSOLVE
OF THE ABOVE CORPORATION.

ON APRIL 26 WE FILED AND PAID BY CREDIT CARD
COPY OF THE TRACKING NO ENCLOSED.

IT APPEARS THAT THIS WAS NOT DONE CORRECTLY,

PLEASE ACCEPT THE ENCLOSED APPLICATION AND
PAYMENT.

REGARDS

BENT MORTENSEN PRES

