



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 040 ***150.00

DOCUMENT # P98000036625					
1. Entity Name COMPROMISE SOLUTIONS, INC.					
Principal Place of Business 3107 SHIRLING RD. 308 FORT LAUDERDALE, FL 33312			Mailing Address 2020 N.E. 163 STREET SUITE 300 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business 3107 Stirling Road		3. Mailing Address 			
Suite, Apt. #, etc. Suite 308		Suite, Apt. #, etc. 			
City & State Ft Lauderdale FL		City & State 			
Zip 33312	Country 	Zip 	Country 		
4. FEI Number 65-0830837				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FRIEDMAN, KENNETH A 2020 N.E. 163 STREET SUITE 300 NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Road, suite 308 City Ft Lauderdale State FL Zip Code 33312		
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>Kenneth A. Friedman</i></u> AC DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 DPS	NAME FRIEDMAN, KENNETH A		<input type="checkbox"/> Delete		
STREET ADDRESS 3107 STIRLING RD. STE. 308	CITY-ST-ZIP FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DVPT	NAME BALDWIN, ELIZABETH N		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 3107 STIRLING RD. STE. 308	CITY-ST-ZIP FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Kenneth A. Friedman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					