

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/27/2004-90002-015-\$150.00-\$150.00

FILED

04 OCT -7 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069521

1. Entity Name
COMPROIND INTERNATIONAL, CORP.



Principal Place of Business
5035 PALM AVENUE
HIALEAH, FL 33012

Mailing Address
5035 PALM AVENUE
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0947735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNAL, RICARDO
5035 PALM AVENUE
HIALEAH, FL 33012

Name

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

City

FL

Zip Code

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERNAL, RICARDO	
STREET ADDRESS	5035 PALM AVENUE	
CITY- ST- ZIP	HIALEAH, FL 33012	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BERNAL, MARTHA	
STREET ADDRESS	5035 PALM AVENUE	
CITY- ST- ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Bernal

9/3/04

(954) 450-0186

Day

Daytime Phone #

2 of 2

**Comproind International Corp.
5035 Palm Avenue.
Hialeah, FL 33012**

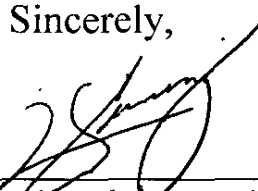
October 4, 2004

To Division of Corporation,

Per our conversation today you told me to write this letter explaining my situation. I did not receive the pamphlet to renew the corporation and my business is inactive since 2002. I want to maintain the corporation alive but I do not have the money to pay \$550.00. My field of business is export but since September 11 my business is non-existing.

Please renew my corporation with the \$150.00 you already have. Thank you for understanding my situation.

Sincerely,



Ricardo Bernal

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