

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 11, 2005 8:00 am
Secretary of State

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03082005 Chg-P CR2E034 (10/03)

DOCUMENT # S08315			
1. Entity Name COMPASSIONATE COMPANIONS, INC.			
Principal Place of Business 20533 BISCAYNE BLVD SUITE 4-125 AVENTURA, FL 33180-1529 US		Mailing Address 20533 BISCAYNE BLVD SUITE 4-125 AVENTURA, FL 33180-1529 US	
2. Principal Place of Business 8930 S.R 84 Suite, Apt. #, etc. #204		3. Mailing Address 8930 S.R. 84 Suite, Apt. #, etc. #204	
City & State Davie FL		City & State Davie Florida	
4. FEI Number 65-0226824		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 WOLF, MYRNA 20225 NE 34 CT #1912 AVENTURA, FL 33180 (new address)		7. Name and Address of New Registered Agent Name Myrna Wolf Street Address (P.O. Box Number is not acceptable) 710-2 E. Coco Plum Circle City Plantation FL Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Myrna Wolf</u> DATE: <u>March 10, 2005</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees - Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WOLF, MYRNA 20225 NE 34 CT #1912 AVENTURA, FL 33180	TITLE	P Myrna Wolf 710-2 E. Coco Plum Circle Plantation, FL 33324
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Myrna Wolf</u>		Date: <u>Mar 10, 2005</u> 954-370-7273	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	