## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 05, 2004 8:00 am Secretary of State **DOCUMENT # P01000061535** 1. Entity Name 08-05-2004 90006 036 \*\*\*150.00 CONCEPTS IN CONFIDENCE INC. Principal Place of Business Mailing Address 2500 QUANTUM LAKE DR., STE. 214 2500 QUANTUM LAKE DR., STE. 214 JAUUIUUJ BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07292004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1118451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GINSBURG, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5146 GLENVILLE DRIVE BOYNTON BEACH, FL 33437 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! #FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE D Delete Change Addition GINSBURG, MICHAEL A NAME NAME 2500 QUANTUM LAKE DR., STE. 214 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-7IP CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby 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.

FILED

Attachment

+ POI 000000535

SYCKE DAGINE CT

7065 N.Y. STATE SOCIETY OF CPAS

CERTIFIED PUBLIC ACCOUNTANT

AMERICAN INSTITUTE OF CPAS

**6080 JERICHO TURNPIKE** 

**SUITE 205** 

COMMACK, NY 11725-2808

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**Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

July 29, 2004

Gentlemen,

Kindly abate all penalties as Concepts In Confidence Inc. did not receive the 2004 Annual Report.

Very truly yours,

Steven Sundack CPA