

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011575

FILED
Aug 31, 2004
Secretary of State

Entity Name: ORIGINAL CONCEPTS, INC.

Current Principal Place of Business:

4001 SW 103 AVE
MIAMI, FL 33135 US

New Principal Place of Business:

2760 N. UNIVERSITY DRIVE
DAVIE, FL 33024 US

Current Mailing Address:

4001 SW 103 AVE
MIAMI, FL 33135 US

New Mailing Address:

2760 N. UNIVERSITY DRIVE
DAVIE, FL 33024 US

FEI Number: 65-0554624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINAS, SARA L
4001 SW 103RD AVENUE
FORT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

ZORRILLA & ASSOCIATES
1401 BRICKELL AVE
MIAMI, FL US

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.

SIGNATURE: JUAN ZORRILLA

08/31/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VINAS, SARA L
Address: 3475 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

Title: D () Delete
Name: VINAS, HECTOR R
Address: 3475 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VINAS, SARA L
Address: 2760 N. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33024 US

Title: D (X) Change () Addition
Name: VINAS, HECTOR R
Address: 2760 N. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HR VINAS

PRES

08/31/2004

Electronic Signature of Signing Officer or Director

Date