2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011575

Entity Name: ORIGINAL CONCEPTS, INC.

FILED Aug 31, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4001 SW 103 AVE 2760 N. UNIVERSITY DRIVE MIAMI, FL 33135 DAVIE, FL 33024 US

Current Mailing Address: New Mailing Address:

2760 N. UNIVERSITY DRIVE 4001 SW 103 AVE MIAMI, FL 33135 US 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: Name and Address of New Registered Agent:

VINAS, SARA L ZORRILLA & ASSOCIATES 1401 BRICKELL AVE 4001 SW 103RD AVENUE FORT LAUDERDALE, FL 33328 US MIAMI, FL

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:

() Delete Title: (X) Change () Addition

Title: VINAS, SARA L Name: Name: VINAS, SARA L 3475 W FLAGLER ST Address: 2760 N. UNIVERSITY DRIVE Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: DAVIE, FL 33024 US

Title: Title: (X) Change () Addition () Delete

VINAS, HECTOR R Name: Name: VINAS, HECTOR R 3475 W FLAGLER ST Address: 2760 N. UNIVERSITY DRIVE Address: MIAMI, FL 33135 US DAVIE, FL 33024 US City-St-Zip: City-St-Zip:

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