## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000013970

Entity Name: CONCEPT 2000 PAYROLL CORP.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3250 NOR <sup>-</sup>	TH 29TH AVE				
#200 HOLLYWO	OD, FL 33020	)			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
-					
3250 NORTH 29TH AVE #200 HOLLYWOOD, FL 33020					
		FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
JACOBY, CHARLES E 3250 NORTH 29TH AVE #200					
	OD, FL 33020	) US			
The above in the State		ubmits this statement for the po	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	JACOBY, CHAR		Name:		
Address: City-St-Zip:	3250 NORTH 29 HOLLYWOOD, I		Address: City-St-Zip:		
			•	( ) Change ( ) Addition	
Title: Name:	D () SHELDON, HAR	Delete VFY	Title: Name:	() Change () Addition	
Address:	18142 NW 15Th		Address:		
City-St-Zip:	PEMBROKE PIN	NES, FL 33029	City-St-Zip:		
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	FLOYD, CHARL	OTTE	Name:		
Address:	16475 NE 32ND		Address:		
City-St-Zip:	NORTH MIAMI, I	FL 33160	City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	HEMPHILL, CHU		Name:		
Address: City-St-Zip:	22917 OLD INLI BOCA RATON, F		Address: City-St-Zip:		
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	OLIVIERI, WILL		Name:	( ) Change ( ) Addition	
Address:	1145 LIDFLOW		Address:		
City-St-Zip:	HOLLYWOOD,		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHUC K JACOBY PRES 03/20/2009