

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90013 011 ***150.00

DOCUMENT # 219181
1. Entity Name CONCORD HOUSE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 Collins Avenue Suite, Apt. #, etc.		3. Mailing Address 220-71st. Street Suite 207	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country	Zip 33141	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2054161	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name THE WALL MANAGEMENT CORP	
Street Address (P.O. Box Number is Not Acceptable) 220-71st. Street Suite 207	
City Miami Beach, FL	Zip Code 33141

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.

SIGNATURE Orlando De-Luiz Jan/09/02
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE P.	NAME Jennifer Li	STREET ADDRESS 101 Collins Ave. #26	CITY-ST-ZIP Miami Beach, FL 33139
TITLE V.	NAME Luis Padilla	STREET ADDRESS 101 Collins Ave. #10	CITY-ST-ZIP Miami Beach, FL 33139
TITLE T.	NAME Pablo Multinelli	STREET ADDRESS 101 Collins Ave. #1	CITY-ST-ZIP Miami Beach, FL 33139
TITLE S.	NAME Alejandro Gonzalez	STREET ADDRESS 101 Collins Ave. #21	CITY-ST-ZIP Miami Beach, FL 33139
TITLE D.	NAME Jamie Stein	STREET ADDRESS 101 Collins Ave. #23	CITY-ST-ZIP Miami Beach, FL 33139
TITLE D.	NAME Brad Stevens	STREET ADDRESS 101 Collins Ave. #18	CITY-ST-ZIP Miami Beach, FL 33139

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

Luis Padilla

Jan/09/02 305 868-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)