FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91178 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 219181

90129812

1. Entity Name
CONCORD HOUSE INC.

Principal Place of Business	Mailing Address
101 COLLINS AVENUE MIAMI BEACH, FL 33139	104 CRANDON BLVD STE 409 KEY BISCAYNE, FL 33149 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o BLUE LOAF LLC Suite, Apt. #, etc. PO BOX 190239
City & State	City & State MIAMI BEACH
Zip / Country	Zip FL / Country 33119

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2054181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE WALL MANAGEMENT CORP 220 71ST STREET SUITE 207 MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

FILING FEE: $70.00
Effective May 1, 2003 Fee will be $150.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LI, JENNIFER 101 COLLONS AVE #26 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER. LYNNE HARRINGTON 101 COLLINS AVE # MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PADILLA, LUIS 101 COLLINS AVE #10 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LUIS PADILLA 101 COLLINS AVENUE #10 MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MULTINELLI, PABLO 101 COLLINS AVE #1 MIAMI, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ERNESTO ENRIQUEZ 101 COLLINS AVENUE #15 MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, ALEJANDRO 101 COLLINS AVE #21 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TRICIA BANNISTER 101 COLLINS AVENUE # MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, JAMIE 101 COLLINS AVE #23 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHRISTOPHER PAWES 101 COLLINS AVE #25 MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, BRAD 101 COLLINS AVE #18 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E004 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DIRECTOR, CMT 305-310-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR — Date — Daytime Phone #