

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90983 047 ***150.00

DOCUMENT # 308183	
1. Entity Name CONCENTRATED CHEMICAL CO	

Principal Place of Business 4520 N MERIDIAN AVE MIAMI BEACH, FL 33140	Mailing Address 4520 N MERIDIAN AVE MIAMI BEACH, FL 33140
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2. Principal Place of Business 4045 Sheridan Ave Suite, Apt. #, etc. #214 City & State Miami Beach, FL Zip 33140	3. Mailing Address 4045 Sheridan Ave Suite, Apt. #, etc. #214 City & State Miami Beach, FL Zip 33140
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04292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1147702	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSS, MORRIS 13475 SW 9TH STREET PEMBROKE PINES, FL 33027	7. Name and Address of New Registered Agent Name Barry Moss Street Address (P.O. Box Number is Not Acceptable) 4520 N. Meridian Ave. City Miami Beach FL Zip Code 33140
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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 Barry Moss Barry Moss DATE Apr. 29 '05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, MORRIS 13475 SW 9TH STREET PEMBROKE PINES, FL 33027 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, ANNIE 13475 SW 9TH STREET PEMBROKE PINES, FL 33027 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSS, BARRY 4520 N MERIDIAN AVE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. ← only ☒ Change ☐ Addition } same as in #10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barry Moss Barry Moss DATE Apr. 29 '05 (305) 237-6656
Signature and typed or printed name of signing officer or director. Date Daytime Phone #