2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #308183

CONCENTRATED CHEMICAL CO



Principal Place of Business

MIAMI BEACH, FL 33140

4045 SHERIDAN AVE

4045 SHERIDAN AVE 214

MIAM! BEACH, FL 33140

Mailing Address

FILED May 04, 2007 8:00 am Secretary of State

05-04-2007 90097 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 05012007 No Chg-P

4. FEI Number 59-1147702

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, BARRY 4520 N. MERIDIAN AVE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

	urpose of changing its registere	d office or registered agent, or b	both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	Agent signature required when rematating)	DATE
E NOW!!! FEE IS \$150.00	···		
OFFICERS AND DIREC	TORS		
PD MOSS, BARRY 4520 N MERIDIAN AVE MIAMI BEACH, FL 33140			
		· .	
		DC.	NOT WRITE
		IN THIS SPACE	
	Signature, typed or printed name of registered agent and title if E NOWILL FEE IS \$150.00 OFFICERS AND DIRECT PD MOSS, BARRY 4520 N MERIDIAN AVE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PD MOSS, BARRY 4520 N MERIDIAN AVE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) E NOWILL FEE 18 \$150.00 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS PD MOSS, BARRY 4520 N MERIDIAN AVE MIAMI BEACH, FL 33140

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

Barry Moss