

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

FILED
Apr 03, 2008 8:00 am
Secretary of State

DOCUMENT # 528665

1. Entity Name

DESK CONCEPTS, INC.



04-03-2008 90025 031 ***150.00

DO NOT WRITE IN THIS SPACE

40058070

2. Principal Place of Business 3670 N.W. 76th Street Suite, Apt. #, etc.	3. Mailing Address 3670 N.W. 76th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 59-1725188	Applied For <input type="checkbox"/> Not Applicable
Zip 33147	Country USA	Zip 33147	Country USA
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 Kornik, Gary H. Esq.	
Street Address (P.O. Box Number is Not Acceptable) 18901 N.E. 29th Avenue	
Suite 100	
City Aventura	FL Zip Code 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Jaffee, Sheldon 3670 N.W. 76th Street Miami, Florida 33147	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Desk Concepts, Inc. Sheldon Jaffee, Pres. 3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: the Month: the Year: *