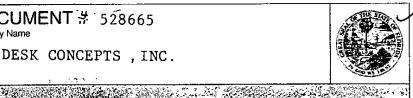
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 528665

1. Entity Name

DESK CONCEPTS , INC.



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

04-03-2008 90025 031 \*\*\*150.00

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Principal Place of Business 3. Mailing Address 3670 N.W. 76th Street 3670 N.W. 76th Street Suite, Apt. #, etc. Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

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City & State			City & State Miami, F1	orida	4. FEI Number 59 – 1725188		Applied For
Miami,	Flo	rida	Miami, Fl	orida	73-1/20100		Not Applicable
<sup>Zip</sup> 33147		Country USA	33147	Country USA	5. Certificate of Status Desired		\$8.75 Additional Fee Required
COMMISSION		AN ANTINGGEN SERVICE		Commence of	7. Name and Address of Curren	t Reaiste	red Agent

## DO NOT WRITE IN THIS SPACE

Name Kornik, Gary H. Esq. Street Address (P.O. Box Number is Not Acceptable)
18901 N.E. 29th Avenue Suite 100

(NOTE: Registered Agent signature required when reinstating)

Zip Code 33180

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.

	After May 11 Fee is \$550.80 Amended UBR is \$61.25 Payable to Florida Department of State		ction Campaign Financing st Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND DIRECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE PARTY OF TH	A PARTIES .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Jaffee, Sheldon 3670 N.W. 76th Street Miami, Florida 33147	NAME STREET ADDRESS CITY ST-ZPP		
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SIGNATURE:

<sup>12.</sup> 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.