



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90060 042 \*\*\*150.00

<b>DOCUMENT # F04000002210</b> 1. Entity Name <b>PROMOCONCEPTS INC.</b>					
Principal Place of Business <b>932 N. DIXON HWY LAKE WORTH, FL 33460</b>			Mailing Address <b>932 N. DIXON HWY LAKE WORTH, FL 33460</b>		
2. Principal Place of Business <b>932 North Dixie Hwy</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>932 North Dixie Hwy</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>LAKE WORTH FLORIDA</b>		City & State <b>LAKE WORTH FLORIDA</b>		4. FEI Number <b>14-1768874</b>	
Zip <b>33460</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NAFTAL, MADELINE 932 N. DIXON HWY LAKE WORTH, FL 33460</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Madeline Naftal</i></u> <b>3-31-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST NAFTAL, MADELINE 932 N. DIXON HWY <b>Dixie</b> LAKE WORTH, FL 33460			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Madeline Naftal</i></u> <b>3-31-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					