

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90001 026 \*\*\*150.00

**DOCUMENT # F38192**

1. Entity Name  
**EXECUTIVE FINANCIAL CONCEPTS, INC.**



Principal Place of Business  
**16336 NW 11 STREET  
PEMBROKE PINES, FL 33028 US**

Mailing Address  
**16336 NW 11 STREET  
PEMBROKE PINES, FL 33028 US**

**66022954**



**DO NOT WRITE IN THIS SPACE**

07042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2136519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, HARRIS L.  
16336 NW 11TH STREET  
PEMBROKE PINES, FL 33028**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

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	PTD KLEIN, HARRIS L. 16336 NW 11TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KLEIN, MICHAEL L. 9721 KENDALE BLVD. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSO KLEIN, SHIRLEY S. 16336 NW 11TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: SHIRLEY S. KLEIN** *Shirley S. Klein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/17/06**

Date

**954-438-7626**

Daytime Phone

ATTACHMENT

66022954  
#F38192

**EXECUTIVE FINANCIAL CONCEPTS, INC.**

16336 N.W. 11TH STREET  
PEMBROKE PINES, FL. 33028

(954) 438-7626 FAX: (954) 438-7226

**Memo**

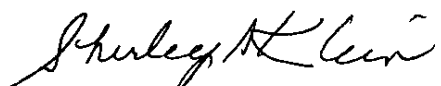
**TO:** Division of Corporations  
PO Box 1500  
Tallahassee, FL. 32302-1500

**DATE:** 08/08/06  
**SUBJECT:** Waive of Fee

To Whom It May Concern:

Please waive the fee of \$400.00 as the original form was never received.

Thank you very much for your attention.

  
Shirley S. Klein, VP, Secretary

Encls.

SIGNED