2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 16, 2004 8:00 am **Secretary of State DOCUMENT # F86427** 1. Entity Name 02-16-2004 90043 026 ***150.00 CONCEPT FOODS, INC. Principal Place of Business Mailing Address 10006 GRIFFIN RD 10006 GRIFFIN RD COOPER CITY, FL 33328 COOPER CITY, FL 33328 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2213025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PIACENTINO, CHRIS DO NOT WRITE **7532 SW 28 STREET DAVIE, FL 33314** IN THIS SPACE 8. The above named entity 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 regis Signature avoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PIACENTINO, CHRIS NAME STREET ADDRESS 7532 SW 28 ST CITY-ST-ZIP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BHE NAME STREET ADDRESS CITY-ST-7/P es pot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director bute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplemental report is true and of the corporation or the receiver or trustee employmened to changed, or on an attachment with an appear, with all of SIGNATURE: MITED NAME OF SIGNING OFFICER OR DIRECTOR

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