

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 022 ***150.00

DOCUMENT # J88079

1. Entity Name
CONCORDE CAPITAL, INC.



Principal Place of Business
**5301 SW 163RD. AVE.
FORT LAUDERDALE, FL 33331 US**

Mailing Address
**5301 SW 163RD. AVE.
FORT LAUDERDALE, FL 33331 US**

40101679



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0028592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAZEVEDO, TOM
5301 SW 163 AVE.
FORT LAUDERDALE, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$350.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
D'AZEVEDO, THOMAS
5301 SW 163RD AVE.
FORT LAUDERDALE, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-12-06 954 295.7305

ATTACHMENT
40101679
CONCORDE CAPITAL, INC.
5301 SW 163RD AVENUE
FORT LAUDERDALE, FL 33331

August 12, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

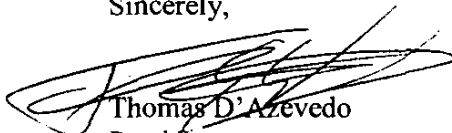
Re: FEI Number 65-0028592
Reference # J88079

To whom it may concern:

Enclosed please find our 2006 Annual Report and the required fees of \$150.00

Our records do not reflect receipt of the original document for filing. We therefore request a waiver of the \$400.00 late fee.

Sincerely,


Thomas D'Azavedo
President

**ATTACHMENT 40101679**
Division of Corporations**Annual Report**

Annual Report Help

Document Number

J88079

Business Entity Name

CONCORDE CAPITAL, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650028592

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

5301 SW 163RD. AVE.

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**FL**Zip Code & Country **33331****US****Mailing Address**

Address

5301 SW 163RD. AVE.

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**FL**Zip Code & Country **33331****US****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

DAZEVEDO**TOM****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

5301 SW 163 AVE.

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**FL**

Zip Code & Country

ATTACHMENT

40101679

33331 US

#J88079

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PST

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

D'AZEVEDO, THOMAS

Street Address

5301 SW 163RD AVE.

City, State

FORT LAUDERDALE

, FL

Zip Code & Country

33331

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

ATTACHMENT 40101679

#J88079

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature:

President
F. E. W. G. [Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that