2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

FILED Jul 19, 2007 8:00 am Secretary of State

					7	05.10.2005	00001016*	 1 ~ c	
DOCUMENT # K52558 1. Entity Name CONCORD SERVICES, INC.						07-19-2007	90024 016 *	**150	0.00
Principal Place	e of Business	Mailing Address		* · · · · · · · · · · · · · · · · · · 	7 30-	,			
•		8715 N.W. 18TH ST.							
			2071						
CORAL SPRIN	165, FL 33071	CORAL SPRINGS, FL 3	3071						
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2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address			- 				
z. Filicipai Fi	iace of Business - No F.O. Box #	3. Maining Address			}	I DIRLE MEDI EKIDA DAIDI LE	I BIBN BIBN BIBN BIBN		!16 16
Diffe And House		Suite, Apt. #, etc.			-{				
Suite, Apt. #, etc.		Suite, Apr. #, etc.			07092007	Chg-P	CR2E034 (1	2/06)	
		City 8 Otata			A FELM			T	plied For
City & State		City & State			4. FEI Numbe			<u> </u>	`
		<u> </u>			65-009	1232			t Applicable
Zip Country		Zip Cou		ntry	5. Certificate	of Status Desired		5 Add	
				,	<u> </u>			Require	d
	6. Name and Address of Current	Registered Agent		ļ	7. Name and	Address of New F	Registered Agen		
				Name					
PERRY, B				On and Address (B.O. De Atlantes de Atlant					
8715 N.W. 18TH ST.				Street Address (P.O. Box Number is Not Acceptable)					
CORAL SE	PRINGS, FL 33071								
				City			FL	ip Cod	e
				<u> </u>			ГЬ		
	named entity submits this statement f	or the purpose of changing it	s register	ed office or registe	ered agent, or bo	th, in the State of FI	orida. I am famili	ar with,	and accept
the obligat	ions of registered agent.								
-									
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if annlicable (NO	Fr Registere	od Agent signature require	ed when reinstation)		DATE		
<u></u>	ognature, typed or printed have or registated again	The time is approached.			and which remaining)		D.V.E		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign F Trust Fund Contribut				· ~ ~ •	5.00 May Be ded to Fees	In accordance corporation did	with s. 607.193 not receive the		
10. OFFICERS AND DIRECTORS					ADDITIONS	CHANGES TO OF	FICERS AND DIR	ECTOR	S IN 11
TITLE	D	☐ Delete	TITL					Change	Addition
NAME	PERRY, BRIAN	Li Delete	NAM	l l				Jimanyo	
STREET ADORESS	8715 NW 18TH ST			EET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			'-ST-ZIP					
G117-51-21P	CORAL SPRINGS, FL 330/1		GIT	-31-215	,				
TITLE		☐ Delete	TITL	E				Change	Addition
NAME	Ì		AAN	AE.					
STREET ADDRESS			STR	eet address					
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NAME	1	D0.000	NAN	ł			_		
STREET ADDRESS				EET ADDRESS					
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NAME			NAM						
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CITY-ST-ZIP			CIT	Y-ST-ZiP					
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NAME CTREET ADDRESS			NAI ette	REET ADDRESS					
STREET ADDRESS	1								
CITY-ST-ZIP		<u></u>		Y-ST-ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not qualify	or the ex	cemptions contain	ed in Chapter 11	9, Florida Statutes.	I further certify th	at the i	nformation
 indicated 	t an this report or supplemental report	in true and accurate and that	my sign:	df aved llede anus	e same legal effe	ct as it made under	oath; that I am ai	1 office	or director
of the co	certify that the information supplied wid d on this report or supplemental report rporation or the receiver or trustee em I, or on an attachment with an address	powered to execute this reno	rt as recu	ired by Chapter 6	07, Florida Statut	es; and that my nar	ne appears in 810	ck 10 o	r Block 11 if