

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90083 004 ***150.00

DOCUMENT # K88413	
1. Entity Name	
CONCEPCION WHOLESALE FABRICS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1691 WEST 37TH STREET Suite, Apt. #, etc. E-26		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State HIALAH, F;		City & State SAME	
Zip 33012-4652	Country USA	Zip 33012	Country USA

40089878

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0119740	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSVALDO CONCEPCION JR 760 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARITZA BARBOSA 648 NW 135 CT MIAM FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Osvaldo Concepcion Jr* **OSVALDO CONCEPCION JR PRESIDE** **1/24/2006** **01-24-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #