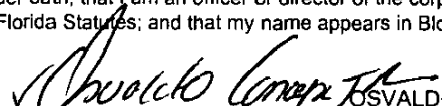


**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90001 024 \*\*\*150.00

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

<b>DOCUMENT #</b> K88413	
<b>1. Entity Name</b> CONCEPCION WHOLESALE FABRICS INC	
<b>DO NOT WRITE IN THIS SPACE</b>	
<b>2. Principal Place of Business</b> 1671 WEST 37 STREET Suite, Apt. #, etc. STE # E-26 City & State HIALEAH, FL Zip 33012-4652 Country USA	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State SAME Zip SAME Country USA
<b>4. FEI Number</b> 65-0119740	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> Name OSVALDO CONCEPCION JR Street Address (P.O. Box Number is Not Acceptable) 760 NW 135 CT City MIAMI FL Zip Code 33182	
<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CONCEPCION OSVALDO JR 760 NW 136 CT MIAMI FL 33182
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> LARITZA BARBOSA 648 NW 135 CT MIAMI FL 33182
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>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.</b>	
<b>SIGNATURE:</b>  OSVALDO CONCEPCION JR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
1/24/2008 Date	
305-827-0707 Daytime Phone #	