


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L23878 1. Entity Name CONCORD EQUITIES CORP.	
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Principal Place of Business % WOODS MANAGEMENT 2740 WEST 5TH AVE HIALEAH, FL 33010-1307	Mailing Address % WOODS MANAGEMENT 2740 WEST 5TH AVE HIALEAH, FL 33010-1307
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2994752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELGADO, JOAQUIN 2740 WEST 5TH AVE HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GOLDBERG, RICHARD 80 CUTTER MILL RD GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GOLDBERG, PAUL 80 CUTTER MILL RD GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DELGADO, JOAQUIN 2740 W. 5 AVE HIALEAH, FL 33010
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1100000426496
02/20/06-80046-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:  **2 Feb 06** **305-887 9801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #