

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97775

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: ALLCONCEPT, INC.

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0198447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

S & K PROPERTY MANAGEMENT LLC  
150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BUCKREUS, GERTI  
Address: 150 ALHAMBRA CIR. STE. 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: VS  
Name: CARTAYA, LIDIA  
Address: 150 ALHAMBRA CIR. STE. 800  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LIDIA CARTAYA

VS

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date