


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90354 030 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P00000031257</b><br>1. Entity Name<br><b>CONCISA, INC.</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>4610 WINDWARD COVE LANE<br/>WELLINGTON, FL 33467</b>  |   |  | Mailing Address<br><b>4610 WINDWARD COVE LANE<br/>WELLINGTON, FL 33467</b>   |   |  |
| 2. Principal Place of Business<br><b>2800 Glades circle</b>   |   | 3. Mailing Address<br><b>PO Box 540142</b> |  |   |  |
| Suite, Apt. #, etc.<br><b>Suite E-102</b>   |   | Suite, Apt. #, etc.<br>                    |  |   |  |
| City & State<br><b>Weston, FL</b>   |   | City & State<br><b>Lake Worth, FL</b>      |  |   |  |
| Zip<br><b>33327</b>   |   | Country<br><b>U.S.A</b>                    |  | Zip<br><b>33454</b>   |  |
| Country<br><b>U.S.A</b>   |   | 4. FEI Number<br><b>65-0994463</b>         |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DITEODORO, PASQUALINO<br/>4610 WINDWARD COVE LANE<br/>WELLINGTON, FL 33467</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Diteodoro Pasqualino</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2800 Glades circle E-102</b><br>City<br><b>Weston</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.<br>SIGNATURE <b>Pasqualino Diteodoro Dite</b>   |   |  | DATE <b>4/14/04</b>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BROUWER, BERNAROUS<br>2077 VINING CIR #1302<br>WELLINGTON, FL 33414       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PFD<br>Pasqualino Diteodoro<br>4610 WINDWARD COVE LANE<br>WELLINGTON, FL 33467    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>DITEODORO, PASQUALINO<br>4610 WINDWARD COVE LANE<br>WELLINGTON, FL 33467 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPSD<br>Massimiliano Diteodoro<br>4610 WINDWARD COVE LANE<br>WELLINGTON, FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |  |
| SIGNATURE: <b>Diteodoro Pasqualino Diteodoro</b>  |   |  | DATE <b>4/14/04</b> (561) 7230196  |   |  |