## **2004 FOR PROFIT CORPORATION**

**FILED ANNUAL REPORT** May 03, 2004 08:00 AM Secretary of State DOCUMENT # P00000038885 1. Entity Name T-CONCEPT, INC. Principal Place of Business Mailing Address 1174 GOLDEN CANE DRIVE 1174 GOLDEN CANE DRIVE WESTON, FL 33327 WESTON, FL 33327 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1002908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEUNG, THOMAS SIU M DO NOT WRITE 1174 GOLDEN CANE DRIVE WESTON, FL 33327 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. Signature, typed or printed name of registered agent and life in applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Func Contribution Added to Fees OFFICERS AND DIRECTORS 10. 000000145975 05/03/04-80047-011 150.00 TITLE NAME CHEUNG, THOMAS SIU M 1174 GOLDEN CANE DRIVE STREET ADDRESS GITY ST ZIP WESTON, FL 33327 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS DO NOT WRITE CITY ST-ZIP  $f|T_{i}|\xi$ IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TIT. E NAME STREET ADORESS CITY-ST-ZIP

12. Thereby 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 it made under oath, that I am an officer or director of the corporation or the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

4-27-04 954-993 9255