2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042923

Name:

Address: City-St-Zip: CABRERA, EFRAIN J

MIAMI, FL 33175

12401 SW 51 STREET

Entity Name: CONCERT SOLUTIONS OF FLORIDA INC.

FILED May 02, 2004 Secretary of State

		CT GOLOTIONO OF TEORIBA	, 1140.		
Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
10880 NW BAY 100 MIAMI, FL	27 STREET 33172		12401 SW 51 STREET MIAMI, FL 33175		
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
10880 NW BAY 100 MIAMI, FL	27 STREET 33172		12401 S.W. 51 STREET MIAMI, FL 33175		
FEI Number:	: 36-4522680	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
MIAMI, FL The above	named entity of Florida.		purpose of changing its registered o	office or registered agent, or both,	
		nic Signature of Registered Ag	ent	Date	
Election Car		(3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:	·	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST (MOURE CABR 12401 SW 518 MIAMI, FL 33	ST STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (CABRERA, ME 12401 SW 513 MIAMI, FL 33	ST STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	TREA () Delete	Title: () Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BLANCA MOURE CABRERA PVST 05/02/2004