

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 002 ***150.00

DOCUMENT # P00000073783

3. Entity Name

NEW CONCEPTS DEVELOPMENT INC.



Principal Place of Business

**2180 NW 24TH AVENUE
MIAMI, FL 33142**

Mailing Address

**2180 NW 24TH AVENUE
MIAMI, FL 33142**



01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1029536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEREZ, ALBERTO
500 BAYVIEW DRIVE #119
SUNNYISLES, FL 33160**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, ALBERTO
STREET ADDRESS	500 BAYVIEW DRIVE #119
CITY-ST-ZIP	SUNNYISLES, FL 33161
TITLE	VPD
NAME	PEREZ, ALDO
STREET ADDRESS	300 BAYVIEW DR #1107
CITY-ST-ZIP	MIAMI, FL 33161 SUNNYISLES, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALBERTO PEREZ
PRESIDENT**

Date

Daytime Phone #

1/26/04 (305) 638 0035