

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90100 001 ***150.00
07-31-2006 90100 002 *****8.75

66022469



07192006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000095926					
1. Entity Name INTEGRAL CONCEPT CORP.					
Principal Place of Business 10820 S W 136 COURT MIAMI, FL 33186			Mailing Address 10820 S W 136 COURT MIAMI, FL 33186		
2. Principal Place of Business 8720 SOUTHWEST 109 STREET		3. Mailing Address 8720 SOUTH WEST 109 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA			
Zip 33176	Country USA	Zip 33176	Country USA	4. FEI Number 65-1048656	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADRIANZEN, JORGE G 10820 SOUTHWEST 136 COURT MIAMI, FL 33186				7. Name and Address of New Registered Agent Name JORGE GUTIERREZ ADRIANZEN Street Address (P.O. Box Number is Not Acceptable) 8720 SOUTH WEST 109 STREET City MIAMI FL Zip Code 33176	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTTERREZ, JORGE 10820 SOUTH WEST 136TH COURT MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE GUTIERREZ 8720 SOUTH WEST 109 STREET MIAMI FLORIDA 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: 			07-25-06 3057268182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

166022469

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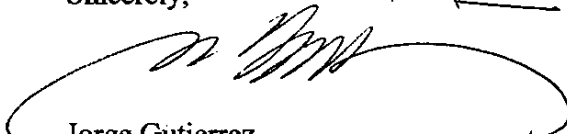
INTEGRAL CONCEPT CORPORATION

Miami, July 14th 2006

To whom it may concern,

Please abate all late charges. We did not receive 2006 Annual Report Notice.

Sincerely,



Jorge Gutierrez

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ATTACHMENT

66022469
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Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:

FLORIDA DEPARTMENT OF
REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

INTEGRAL CONCEPT CORP
12072 SW 131ST AVE
MIAMI FL 33186-8419

F-1120

Signature of Officer (Required)

Date

0000 0 20051231 0002005999 8 4000000064 1879 3

CHANGE
IN

New
Location
Address

FEIN of entity ☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ 65-1048656

Business location 8720 SOUTH WEST 109 Street

City MIAMI State FLA ZIP 33176

Business telephone 305 5965885 County DADE

In care of

New
Mailing
Address

Mailing address 8720 SOUTH WEST 109 Street

City MIAMI State FLA ZIP 33176

Owner's telephone 305 5957132 County DADE

New
Business
Name

DBA

New
Corporation
Name

PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.