


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068807 1. Entity Name CONCENTRIS, INC.	
---	---

Principal Place of Business 22703 CAMINO DEL MAR #52 BOCA RATON, FL 33433	Mailing Address 22703 CAMINO DEL MAR #52 BOCA RATON, FL 33433
---	---

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1120166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZAMBRANO, JULIO G 22703 CAMINO DEL MAR #52 BOCA RATON, FL 33433	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
---	--

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ZAMBRANO, JULIO G
STREET ADDRESS	22703 CAMINO DEL MAR#52
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPM
NAME	ZAMBRANO, D. CHRISTINE
STREET ADDRESS	22703 CAMINO DEL MAR#52
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000317950
04/20/05-80039-017 150.00

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)(f), 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: *D. Christine Zambrano* 4-18-05 561-391-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #