

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90399 039 ***150.00

DOCUMENT # P01000085446

1. Entity Name

NEW CONCEPT MARKETING & CONSULTING SERVICE, INC.



Principal Place of Business

12555 BISCAYNE BLVD.
SUITE 763
NO. MIAMI FL 33181

Mailing Address

12555 BISCAYNE BLVD.
SUITE 763
NO. MIAMI FL 33181

34078062



MOORE CR2E034 (11/03)

2. Principal Place of Business

9301 NE 6th Avenue

Suite # C-303

3. Mailing Address

9301 NE 6th Avenue

Suite # C-303

City & State

Miami Shores, FL

City & State

Miami Shores, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

65-1145097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OKON, ANTOINETTE
12555 BISCAYNE BLVD.
SUITE 763
NO. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9301 NE 6th Avenue

Suite # C-303

City

Miami Shores

FL

Zip Code

33138

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

Antoinette Okon

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

(NOTE: Registered Agent signature required when reinstating)

April 29, 2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OKON, ANTOINETTE	
STREET ADDRESS	12555 BISCAYNE BLVD. SUITE 763	
CITY - ST - ZIP	NO. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9301 NE 6th Avenue Suite # C-303
CITY - ST - ZIP	Miami Shores, FL 33138
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Antoinette Okon **ANTOINETTE OKON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2004

Date

305-759-9429

Daytime Phone #