

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 019 ***150.00

DOCUMENT # P02000125548

1. Entity Name
CONCIERGE SUPPORT, INC.



Principal Place of Business
**16220 SW 180TH ST
HOMESTEAD, FL 33030**

Mailing Address
**16220 SW 180TH ST
HOMESTEAD, FL 33030**



01152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1177578

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TICE, JAMES E
16220 SW 280TH STREET
HOMESTEAD, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANAN, NORFANY	
STREET ADDRESS	2902 TRADE AVE.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANAN, DAVID LEE	
STREET ADDRESS	20296 SW 85TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33189	
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 type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	JAMES E TICE	
STREET ADDRESS	16220 SW 280TH ST	
CITY-ST-ZIP	HOMESTEAD FLA 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
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, changed, or on an attachment with an address, with all other like empowered.

James E Tice

DATE 1/15/05