
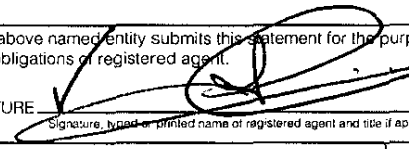
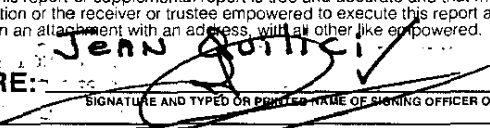


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 031 ***150.00

DOCUMENT # P03000037292 1. Entity Name CONCEPT LATINO, INC.					
Principal Place of Business 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327			Mailing Address 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327		
2. Principal Place of Business Suite, Apt., #, etc. 142		3. Mailing Address Suite, Apt., #, etc. 142		02042004 Chg-P CR2E034 (10/03)	
City & State 		City & State 		4. FEI Number 61-1447393	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW FIRM OF MANFRED ROSENOW, P.A. 2425 CORAL WAY MIAMI, FL 33145				7. Name and Address of New Registered Agent Name JEAN Quilici Street Address (P.O. Box Number is Not Acceptable) 2700 GLADES CIRCLE, Suite 142 City Weston FL 33327	
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  DATE 3/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MELILLO, VICTOR 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	→ Vice President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete QUILICI, JEAN 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	→ PRESIDENT + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MINIUM, PETER 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 3/12/04 Daytime Phone # 954 659 8671		