


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 Mailing Address
 2700 GLADES CIRCLE, STE. ~~142-143~~ WESTON, FL 33327
 2700 GLADES CIRCLE, STE. ~~142-143~~ WESTON, FL 33327

2. Principal Place of Business 3. Mailing Address

Site, Apt., #, etc. **142** Site, Apt., #, etc. **142**

City & State City & State

Zip Country Zip Country

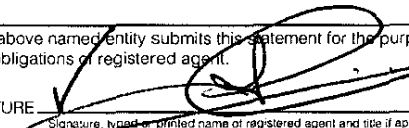


02042004 Chg-P CR2E034 (10/03)

4. FEI Number **61-1447393** Applied For Not Applicable

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

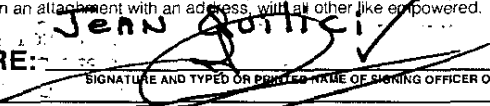
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAW FIRM OF MANFRED ROSENOW, P.A. 2425 CORAL WAY MIAMI, FL 33145		Name JEAN Quilici	
		Street Address (P.O. Box Number is Not Acceptable) 2700 GLADES CIRCLE, Suite 142	
		City WESTON FL Zip Code 33327	

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**

9. Election Campaign Financing Trust Fund Contribution. \$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 MELILLO, VICTOR 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327 <input type="checkbox"/> Delete	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 QUILICI, JEAN 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327 <input type="checkbox"/> Delete	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 MINIUM, PETER 2700 GLADES CIRCLE, STE. 142-143 WESTON, FL 33327 <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
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, will or other like empowered.

SIGNATURE:  DATE **3/12/04** Daytime Phone # **954 659 8691**