2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P03000038268

Entity Name: CONCALPRO GROUP CORP.

Current Principal Place of Business:

2315 NW 107 AVE.
STE 1M-17, BOX 52
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2315 NW 107 AVE.
STE 1M-17, BOX 52
MIAMI, FL 33172

New Mailing Address:

FEI Number: 51-0465461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTONINI, GUILLERMO T
2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MUHAMMAD WULFF, ADEL JOSE	
Address:	2315 NW 107 AVE STE 1M-17 BOX 52	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	ANTONINI, GULLERMO T	
Address:	2315 NW 107 AVE STE 1M-17 BOX 52	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	SUAREZ, ALBERTO	
Address:	2315 NW 107 AVE STE 1M-17 BOX 52	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	WULFF, MAX W	
Address:	2315 NW 107TH AVE STE 1M-17 BOX 52	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	OLIVARES, EDGAR	
Address:	2315 NW 107 AVE., STE 1M-17 BOX 52	
City-St-Zip:	MIAMI, FL 33172	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO ANTONINI D 04/28/2009

Electronic Signature of Signing Officer or Director — Date