## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000084991  1. Entity Name SOUTH CONCORD CORP.					Secretary of State 04-30-2004 90234 013 ***150.00				
Principal Place	e of Business	Mailing Address	<del></del>	-	-				
683 MANATEE BAY DRIVE 683 MAI		683 MANATEE BAY DR BOYNTON BEACH, FL		,					
						ED190 )(())		. <b>10</b> 00 - 1212   110	1 <b>99</b> 1 N 1881
2. Principal Place of Business  THE TRY CROSSING CANE 7/18 TVY				ROSSING	ا المالية المرك ا				
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.			04182004	Chg-P	CR2E034	1 (10/03)	
BCity & State	N Boy FC	1304N TON		FC	4. FEI Numbe	04656			plied For t Applicable
334	36 Country	33440	Country		5. Certificate	of Status Desired		<b>8.75</b> Addi ee Required	
7	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Ro		<del></del>	
Nat National								,	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				Street Address (P.O. Box Number is Not Acceptable)					
			[_						
	•		C	ity			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, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND D		11.			CHANGES TO OFFI			
TITLE NAME	D MUSGRAVE, ANGELA	☐ Delete	TITLE NAME	mu	SGRAVE	E, ANGE	ZA 1	Change	Addition
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CITY-ST-ZIP			CITY-ST-7	- 1					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STORET ADDRESS			NAME	marcan					
STREET ADDRESS CITY-ST-ZIP			STREET AD	I					
	Lentify that the information supplied with	this filing does not qualify fo			ection 119.07(3)(	i) Florida Statutes, I	further certif	v that the in	formation

12. Thereby 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: SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATURE OF SIGNATURE AND TYPED ON PHINTED HAVE OF SIGNATURE OF SIGNATU

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