


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90020 003 ***150.00

DOCUMENT # P04000032298	
1. Entity Name CONCORDE TRADE ASSOCIATION, INC.	

Principal Place of Business 651 PINE DRIVE SUITE 307 POMPAÑO BEACH, FL 33060	Mailing Address 651 PINE DRIVE SUITE 307 POMPAÑO BEACH, FL 33060
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50012228

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4563087		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUYSMAN, MICHEL ESQ 2000 S DIXIE HWY SUITE 100M MIAMI, FL 33133		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAD, MICHEL 651 PINE DRIVE SUITE 307 POMPAÑO BEACH, FL 33060 <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
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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: 2. 03. 005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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ATTACHMENT
 50012228

forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title D
 Name (Last, First, Middle, Title) SCHAAD MICHEL
 -or- Entity Name
 Street Address 651 PINE DRIVE SUITE 307
 City, State POMPAÑO BEACH FL
 Zip Code & Country 33060

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

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 -or- Entity Name
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 City, State
 Zip Code & Country

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