2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000005785** 04-24-2006 90370 045 ***155.00 CONCORD CONTINENTAL INCORPORATED Principal Place of Business Mailing Address 20033 NW 66 PL 20033 NW 66 PL HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address 17920 N.W. 47th Court 17920 N.W. 47th Court Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State X Applied For 20-2193435 ์ () กล Not Applicable Ona Locka Zip Country Country \$8.75 Additional 5. Certificate of Status Desired US 33055 US Fee Required 33055 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORENTINO FRANCISCO ROJO ROJO, FLORENTINO F P Street Address (P.O. Box Number is Not Acceptable) 20033 NW 66 PL HIALEAH FL 33015 1,7920 N W 33055 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 ageny. (NOTE: Registered Agent signature required when reinstating) name of registered agent and title it coplicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete NAME ORMENO, SUSANA I NAME FLORENTINO F. ROJO STREET ADDRESS 20033 NW 66PL STREET ADDRESS 17920 N.W.47th Court_Opa_Locka CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 TITLE ☐ Delete THIE NAME FLORENTINO, ROJO CHEANA T ORMENO STREET ADDRESS STREET ADDRESS 20033 NW 66 PL 17920 M.W. 47th Court Opa Locka Fl. CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP 33055 3203 ☐ Dalete Addition TITLE TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 emprovered 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.

Florentino F. Kojo 3/20/06.305-3032469

FILED