

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053985

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** CONCEPT PRODUCTS & SERVICES, INC.

**Current Principal Place of Business:**

10044 CROSS CREEK BLVD  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

10044 CROSS CREEK BLVD  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 75-3188462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHHEDA, SUNITA  
10044 CROSS CREEK BLVD  
TAMPA, FL 33647 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: CHHEDA, NIMESH  
Address: 37 HILL RD MAHAVIR BHUVAN BANDRA WEST  
City-St-Zip: MUMBAI 40050, XX

Title: VT  
Name: CHHEDA, SUNITA  
Address: 10044 CROSS CREEK BLVD  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: SUNITACHHEDA

VT

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date