2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/18/2007-90025-043-$150.00-$150.00

FILED

2007 JUN 19 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000053120

1. Entity Name
CONCEPTS WITH FLAVOR, INC.

Principal Place of Business
5700 COLLINS AVENUE
SUITE 9C
MIAMI BEACH FL 33140
US

Mailing Address
5700 COLLINS AVENUE
SUITE 9C
MIAMI BEACH FL 33140
US

2. Principal Place of Business - No P.O. Box # 5600 COLLINS AVE
Suite, Apt. #, etc. 14 H
City & State MIAMI BEACH FL
Zip 33140 Country USA

3. Mailing Address ← SAME
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCAGLIONE, MICHAEL J ESQ.
475 BILTMORE WAY
SUITE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P WIERZELEWSKI, JAMES 5700 COLLINS AVENUE MIAMI BEACH FL 33140	☐ Delete	
TREA ROSS, CAROLYN 5700 COLLINS AVENUE MAIMI BEACH FL 33140	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

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 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: Ross 4/30/07 7869994692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/19