

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145264

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** EXECUTIVE CONCIERGE OF MIAMI, INCORPORATED

**Current Principal Place of Business:**

870 NE 212 TERRACE SUITE 3  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

870 NE 212 TERRACE SUITE 3  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 33-1148188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINDS, SONYA  
870 NE 212 TERRACE SUITE 3  
NORTH MIAMI BEACH, FL 33179 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: HINDS, SONYA  
Address: 870 NE 212 TERRACE SUITE 3  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete  
Name: HINDS, SONYA  
Address: 870 NE 212 TERRACE SUITE 3  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: COO ( ) Delete  
Name: HINDS, SONYA  
Address: 870 NE 212 TERRACE SUITE 3  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** SONYA HINDS

VP

04/28/2007

Electronic Signature of Signing Officer or Director

Date