2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155662

Entity Name: A CONCEPT FASHION GROUP, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5860 NW 186TH STREET 5860 NW 186TH STREET

APT 304 # 304

HIALEAH, FL 33015 US HIALEAH, FL 33015 US

Current Mailing Address: New Mailing Address:

5860 NW 186TH ST PO BOX 172126

APT. 304 HIALEAH, FL 33017 US HIALEAH, FL 33015 US

FEI Number: 64-0956487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONCEPCION, ANGELINA
5860 NW 186TH ST
APT 304

CONCEPCION, ANGELINA
5860 NW 186TH ST
304

APT 304 # 304 HIALEAH, FL 33015 US # HIALEAH, FL 33015 US

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: ANGELINA CONCEPCION 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: (X) Change () Addition CONCEPCION, ANGELINA CONCEPCION, ANGELINA Name: Name: 5860 NW 186TH ST APT. 304 5860 NW 186TH ST # 304 Address: Address: City-St-Zip: HIALEAH, FL 33015 US City-St-Zip: HIALEAH, FL 33015 US

Title: VP () Delete Title: VP (X) Change () Addition Name: CONCEPCION, ANGELICA Name: CONCEPCION, ANGELICA

 Name:
 CONCEPCION, ANGELICA
 Name:
 CONCEPCION, ANGELICA

 Address:
 5860 NW 186TH ST APT. 304
 Address:
 5860 NW 186TH ST # 304

 City-St-Zip:
 HIALEAH, FL 33015 US
 City-St-Zip:
 HIALEAH, FL 33015 US

Title: TR () Delete Title: TR (X) Change () Addition

 Name:
 CONCEPCION, VICTOR
 Name:
 CONCEPCION, VICTOR

 Address:
 5860 NW 186TH ST APT. 304
 Address:
 5860 NW 186TH ST # 304

 City-St-Zip:
 HIALEAH, FL 33015 US
 City-St-Zip:
 HIALEAH, FL 33015 US

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: ANGELINA CONCEPCION P 04/30/2009