## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000040281

City-St-Zip:

MIAMI, FL 33015

Entity Name: CONCORD CONSULTING GROUP INC.

FILED Apr 20, 2009 Secretary of State

Littly Name: Concord Consol Ting Groop, Inc.						
Current Principal Place of Business:				New Principal Place of Business:		
18520 NW 67TH AVE., SUITE 278 MIAMI, FL 33015				18520 NW 67TH AVE SUITE 278 MIAMI, FL 33015		
Current Mailing Address:				New Mailing Address:		
18520 NW 67TH AVE., SUITE 278 MIAMI, FL 33015			18520 NW 67TH AVE SUITE 278 MIAMI, FL 33015			
FEI Number:	20-8763046	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BIGGS, RASHIDA N 18520 NW 67TH AVE., SUITE 278 MIAMI, FL 33015 US				BIGGS, RASHIDA N 18520 NW 67TH AVE SUITE 278 MIAMI, 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: RASHIDA BIGGS				04/20/2009		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BIGGS, RASHI 8362 PINE BO	) Delete DA N ULEVARD #374 INES, FL 33024		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BIGGS, CARO 8362 PINES B	) Delete L C OULEVARD #374 INES, FL 33024		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BIGGS, CARO	H AVE., SUITE 278		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	BIGGS, NILAJ	) Delete A.C 'H.AVE., SUITE 278		Title: ( Name: Address:	) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: RASHIDA BIGGS **PRES** 04/20/2009