2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN -4 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000054836

1. Entity Name
CONCOJONES CORP

Principal Place of Business	Mailing Address
2001 POLO CLUB DR SUITE 301 KISSIMME, FL 34741	2001 POLO CLUB DR SUITE 301 KISSIMME, FL 34741

05032012 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2506 Coral Ave Suite, Apt. #, etc.	2506 Coral Ave. Suite, Apt. #, etc.
City & State: Kissimmee Fl. Zip: 34741 Country: Osceola	City & State: Kissimmee Fl. Zip: 34741 Country: Osceola

4. FEI Number 35-2421003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, MANUEL 2001 POLO CLUB DR SUITE 301 KISSIMMEE, FL 34741	Name: Manuel Rivera Street Address (P.O. Box Number is Not Acceptable): 2506 Coral Ave. City: Kissimmee FL Zip Code: 34741

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: M Rivera DATE: 5-25-12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 28, 2012

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YANE, VILLAMIL 2001 POLO CLUB DR SUITE 301 KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Yane Villamil 2506 Coral Ave. Kissimmee Fl. 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUN 4 2012 S. TONER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000235859870 06/04/12--01003--018 **8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M Rivera 5-25-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E-MAIL ADDRESS