

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018384

FILED
Apr 28, 2009
Secretary of State

Entity Name: FINANCIAL CONCEPTS OF AMERICA, INC.

Current Principal Place of Business:

175 FOUNTAINBLEAU BLVD.
SUITE 2M7
MIAMI, FL 33172

New Principal Place of Business:

175 FONTAINEBLEAU BLVD.
SUITE 2M7
MIAMI, FL 33172 US

Current Mailing Address:

175 FOUNTAINBLEAU BLVD.
SUITE 2M7
MIAMI, FL 33172

New Mailing Address:

175 FONTAINEBLEAU BLVD.
SUITE 2M7
MIAMI, FL 33172 US

FEI Number: 65-0394840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHILLING, JULIO M
320 W PARK DR SUITE 102
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SHILING, JULIO M
320 W PARK DR SUITE 102
MIAMI, FL 33172 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: JULIO M. SHILING

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DELGADO, JULIO
Address: 320 WEST PARK DRIVE
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: SHILING, JULIO M
Address: 320 WEST PARK DRIVE
City-St-Zip: MIAMI, FL 33172

Title: PD () Delete
Name: SHILING, LEOPOLDO A
Address: 320 WEST PARK DRIVE
City-St-Zip: MIAMI, FL 33172

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: JULIO SHILING

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date