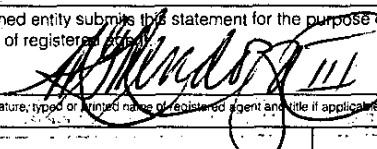
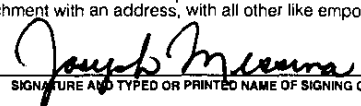


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 024 ***150.00

DOCUMENT # P94000089172					
1. Entity Name CONCEPT 2 MARKET, INC.					
Principal Place of Business 3000-11 N.W. 25TH AVE SIXTH FLOOR POMPANO BEACH, FL 33069 US			Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0543557	
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		
DE MENDOZA, III, MARIO G ESQ. 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414			Name <u>Mario G. de Mendoza, III, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd., Suite 1302 City <u>Wellington</u> <u>FL</u> <u>33414</u>		
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 		Mario G. de Mendoza, III		2/4/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 VP	NAME KIRKEENG, TODD		TITLE ST	NAME Messina, Joseph	
STREET ADDRESS 3000-11 NW 25 AVE	STREET ADDRESS 12765 FOREST HILL BLVD STE 1302		STREET ADDRESS 12765 Forest Hill Blvd., Suite 1302	STREET ADDRESS Wellington, FL 33414	
CITY-ST-ZIP POMPANO BEACH, FL 33069	CITY-ST-ZIP WEST PALM BEACH, FL 33414		CITY-ST-ZIP WEST PALM BEACH, FL 33414	CITY-ST-ZIP Wellington, FL 33414	
TITLE D	NAME AMALFITANO, MICHAEL L.		TITLE 	NAME 	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	STREET ADDRESS 12765 FOREST HILL BLVD STE 1302		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WEST PALM BEACH, FL 33414	CITY-ST-ZIP WEST PALM BEACH, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE P	NAME MESSINA, JOSEPH		TITLE 	NAME 	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	STREET ADDRESS 12765 FOREST HILL BLVD STE 1302		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WEST PALM BEACH, FL 33414	CITY-ST-ZIP WEST PALM BEACH, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE ST	NAME KIRKEENG, MARIA		TITLE 	NAME 	
STREET ADDRESS 12765 FOREST HILL BLD STE 1302	STREET ADDRESS 12765 FOREST HILL BLD STE 1302		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP WEST PALM BEACH, FL 33414	CITY-ST-ZIP WEST PALM BEACH, FL 33414		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Joseph Messina, Pres.		(561) 784-2930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

54015127



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0543557

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

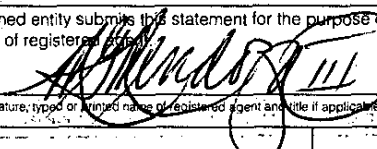
Name Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12765 Forest Hill Blvd., Suite 1302

City Wellington FL 33414

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SIGNATURE  **Mario G. de Mendoza, III** **2/4/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 VP ☐ Delete

NAME KIRKEENG, TODD

STREET ADDRESS 3000-11 NW 25 AVE

CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D ☐ Delete

NAME AMALFITANO, MICHAEL L.

STREET ADDRESS 12765 FOREST HILL BLVD STE 1302

CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE P ☐ Delete

NAME MESSINA, JOSEPH

STREET ADDRESS 12765 FOREST HILL BLVD STE 1302

CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ST ☒ Delete

NAME KIRKEENG, MARIA

STREET ADDRESS 12765 FOREST HILL BLD STE 1302

CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

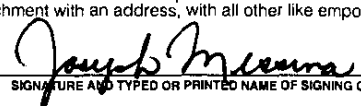
TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Joseph Messina, Pres.** **(561) 784-2930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #