

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0543557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD
STE 1302
WELLINGTON, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000457333
03/17/06-80002-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KIRKEENG, TODD
STREET ADDRESS	3000-11 NW 25 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	AMALFITANO, MICHAEL L.
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	P
NAME	MESSINA, JOSEPH
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	ST
NAME	MESSINA, JOSEPH
STREET ADDRESS	12765 FOREST HILL BLD STE 1302
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Joseph Messina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Messina, Pres.

2-28-06
Date

Daytime Phone #