2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000016217

t. Entity Name CONCIERGE FLORIDIEN, INC.

Principal Place of Business

5300 WASHINGTON STREET

HOLLYWOOD, FL 33020 US

Mailing Address

5300 WASHINGTON STREET

N114 HOLLYWOOD, FL 33020 US FILED May 03, 2004 08:00 AM Secretary of State



DO N	TOI	WRITE	IN	THIS	SPACE
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 04262004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIRARD, PAUL F

5300 WASHINGTON ST N114 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

HOLLIWOOD, FL 33021						
	named entity submits this statement for the piions of registered agent	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registere	d Agent Signature	required when reinstating)	DATE	
File Nowill FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing S5.00 May Be Trust Fund Contribution		\$5.00 May Be		
TO. UILE NAME STREET ADDRESS CITY-ST-ZIP	P GIRARD, PAUL F 5300 WASHINGTON STREET, #N114 HOLLYWOOD, FL 330211				<u>190000148440</u> 05/03/04-80143-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CHY+ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS					ļ	

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 oddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-76-04 954-98/467)
Date Daysme Phone #