

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025925

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: CONCORDE FRAGRANCE ASSOCIATES, INC.

## Current Principal Place of Business:

6950 NW 12TH ST  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

6950 NW 12TH ST  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 65-0655998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESPINOSA, MAGALY  
6950 N.W. 12 STREET  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: ESPINOSA, MIGUEL E  
Address: 6950 N.W. 12 STREET  
City-St-Zip: MIAMI, FL 33126 US

Title: DP ( ) Delete  
Name: ESPINOSA, MAGALY  
Address: 6950 N.W. 12 STREET  
City-St-Zip: MIAMI, FL 33126 US

Title: DST ( ) Delete  
Name: ACEVEDO, ARMANDO  
Address: 6950 N.W. 12 STREET  
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPST (X) Change ( ) Addition  
Name: ESPINOSA, MAGALY  
Address: 6950 N.W. 12 STREET  
City-St-Zip: MIAMI, FL 33126 US

Title: D (X) Change ( ) Addition  
Name: ACEVEDO, ARMANDO  
Address: 6950 N.W. 12 STREET  
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAGALY ESPINOSA

DPST

01/07/2005

Electronic Signature of Signing Officer or Director

Date