## 2006 FOR PROFIT CORPORATION

## May 02, 2006 8:00 am Secretary of State ANNUAL REPORT 05-02-2006 90234 017 \*\*\*150.00 **DOCUMENT # P97000034101** 1. Entity Name CONCORDE FINANCIAL ENTERPRISES, INC. Principal Place of Business Mailing Address 60033960 2500 N MILITARY TRAIL 2500 N MILITARY TRAIL SUITE 260 SUITE 260 BOCA RATON, FL 33431 BOCA RATON, FL 33431 04202006 Chg-P CR2E034 (11/05) 206 Applied For 4. FEI Number 65-0746791 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HELMER, R L Box Number is Not to epitable 2500 N MILITARY TRAIL SUITE 260 BOCA RATON, FL 33431 JOCA 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 familia the obligations of registered agent, Helmer 4/24/06 SIGNATURE CLAS (NOTE: Registered Agent signature required when reinstating) Signature, typed of printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITL F TITLE ☐ Delete HELMER, R L NAME NAME SW 666 2500 N MILITARY TRAIL, SUITE 260 STREET ADORESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

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.

CITY-ST-ZIP

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CITY - ST - ZIP

SIGNATURE: 🔼

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition

FILED