

FILED
May 05, 2003 8:00 am
Secretary of State


05-05-2003 90242 023 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90123347

DOCUMENT # P98000077575

1. Entity Name
CONCIERGE MARKETING STRATEGIES, INC.



Principal Place of Business
~~1600 SW 10TH ST~~
 FORT LAUDERDALE, FL 33312

Mailing Address
1600 SW 10TH ST
 FORT LAUDERDALE, FL 33312

2. Principal Place of Business
 Suite, Apt. #, etc.
3351 SW 20 ST
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
3351 SW 20 ST
 City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0515044** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CANTERBURY, MARK
~~1600 SW 10TH ST~~
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3351 SW 20 ST
 City **FL** Zip Code

B. 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: _____ (NOTE: Registered Agent's signature required when remaining) DATE _____

FILE NOW! FEE IS \$100.00
 After May 1, 2003, Fee will be \$140.00
 Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	BP CANTERBURY, MATTHEW 21 STANTON STREET MALDEN, MA 02148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTERBURY, MARK 1600 SW 10TH ST FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3351 SW 20 ST
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 fees empowered.

SIGNATURE:  **MARK CANTERBURY** 4.27.03 954.583.5885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/02)