## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P99000061843 1. Entity Name FLORIDA CONCORDE, INC. Principal Place of Business Mailing Address 400 ALTON RD 400 ALTON RD **APT 2703** APT 2703 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0936514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TREMBLAY, GUY DO NOT WRITE 3970 OAKS CLUBHOUSE DR, STE 306 POMPANO BEACH, FL 33069 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ANSALDI, PIERRE L NAME STREET ADDRESS 400 ALTON RD APT 2703 MIAMI BEACH, FL 33139 CITY - ST-ZIP TITLE 05/04/06-80079-005 150.0 NAME STREET ADDRESS CITY-ST-7/P TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR