

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90010 020 \*\*\*150.00

<b>DOCUMENT # F94000002319</b> 1. Entity Name <b>O.E.M. CONCEPTS, INC.</b>					
Principal Place of Business <b>1889 ROUTE 9 UNIT 96 TOMS RIVER, NJ 08755</b>			Mailing Address <b>1889 ROUTE 9 UNIT 96 TOMS RIVER, NJ 08755</b>		
2. Principal Place of Business <b>1000 INDUSTRIAL WAY NORTH</b> Suite, Apt. #, etc. <b>UNIT C</b>		3. Mailing Address <b>P.O. Box 28</b> Suite, Apt. #, etc.			
City & State <b>TOMS RIVER, NJ</b> Zip <b>08755</b>		City & State <b>TOMS RIVER, NJ</b> Zip <b>08754-0028</b>		Country <b>USA</b>	
Country <b>USA</b>		4. FEI Number <b>22-2426735</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLOMBO, DEBORAH 1141 HOLLAND DR. UNIT 5 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 the obligations of registered agent.  SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature is required when submitting.) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <b>MINARCHI, ROBERT</b> <b>1554 FORREST TRAIL CIRCLE</b> <b>TOMS RIVER, NJ 08753</b>		<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	<b>CSD</b> <b>MINARCHI, VIRGINIA</b> <b>1554 FORREST TRAIL CIRCLE</b> <b>TOMS RIVER, NJ 08753</b>		<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	<b>VPD</b> <b>DORVAL, BRENT</b> <b>251 SW MAIN STREET</b> <b>DOUGLAS, MA 01516</b>		<input checked="" 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	<b>VPD</b> <b>CHALAS, DIANNA</b> <b>255 HIGH STREET</b> <b>WINCHESTER, MA 01890</b>		<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	<input type="checkbox"/> Delete		<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	<input type="checkbox"/> Delete		<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)(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 address, with all other like empowered.					
<b>SIGNATURE:</b> <b>1/13/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					