

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099594

FILED  
Jan 13, 2007  
Secretary of State

**Entity Name:** NEW CONCEPT DESIGN OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

9409 LITA RD. WEST  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9409 LITA RD. WEST  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 51-0596984      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIVES, JAIRO A.  
9409 LITA RD. WEST  
JACKSONVILLE, FL 32257      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: P      ( ) Delete  
Name: VIVES, JAIRO A.  
Address: 9409 LITA RD. WEST  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V      ( ) Delete  
Name: ANDRES, CARLOS  
Address: 1718 NW 91 AVE.  
City-St-Zip: PLANTATION, FL 33322

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      ( ) Change (X) Addition  
Name: MARINA, VILLALBA  
Address: 9409 LITA RD WEST  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAIRO A VIVES

P

01/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date