

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099594

FILED
Jan 18, 2011
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:

5570 FL MAINING BLVD S# 406
JACKSONVILLE, FL 32257

Current Mailing Address:

9409 LITA RD. WEST
JACKSONVILLE, FL 32257

New Mailing Address:

5570 FL MAINING BLVD S# 406
JACKSONVILLE, FL 32257

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

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: MARINA, VILLALBA
Address: 9409 LITA RD WEST
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: JAIRO A VIVES

P

01/18/2011

Electronic Signature of Signing Officer or Director

_____ Date