

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099594

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5570 FL MAINING BLVD S# 406  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

5570 FL MAINING BLVD  
S # 406  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

5570 FL MAINING BLVD S# 406  
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 (X)

**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:**

VIVES, JAIRO A  
9409 LITA RD. WEST  
JACKSONVILLE, FL 32257 US

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: JAIRO VIVES

03/01/2012

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

03/01/2012

Electronic Signature of Signing Officer or Director

Date