

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138547

Entity Name: NEXONE, INC.

FILED
Aug 09, 2007
Secretary of State

Current Principal Place of Business:

2665 S BAYSHORE DR STE 601
COCONUT GROVE, FL 33133

New Principal Place of Business:

2665 S BAYSHORE DR STE 601
SUITE 601
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S BAYSHORE DR STE 601
COCONUT GROVE, FL 33133

New Mailing Address:

2665 S BAYSHORE DR
SUITE 601
COCONUT GROVE, FL 33133

FEI Number: 20-5976099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAND, MARK S
3000 WACHOVIA FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MELAND, MARK S
200 SOUTH BISCAYNE BOULEVARD
SUITE 3000
MIAMI, FL 33131 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: MARK MELAND

08/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: BACARDI, FACUNDO
Address: 2665 S BAYSHORE DR, SUITE 601
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Change (X) Addition
Name: MELAND, MARK
Address: 200 S. BISCAYNE BOULEVARD, #3000
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: MARK MELAND

VP

08/09/2007

Electronic Signature of Signing Officer or Director

Date