


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 015 ***150.00

DOCUMENT # P00000025297			
1. Entity Name GROUP NEXUS EIGHT, INC.			
Principal Place of Business 67 N.E. 17 TERRACE MIAMI, FL 33127		Mailing Address 67 N.E. 17 TERRACE MIAMI, FL 33127	
2. Principal Place of Business 5768 N.W. 183 ST. Suite, Apt. #, etc.		3. Mailing Address 7401 N.W. 32 AVE Suite, Apt. #, etc. REAR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33015	Country U.S.A.	Zip 33147	Country USA
6. Name and Address of Current Registered Agent SERBER, DANIEL TURNBERRY PLAZA - SUITE 801 2875 N.E. 191 STREET AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCHEN, CARLOS D 67 NE 17 TERRACE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7401 N.W. 32 Ave, REAR MIAMI, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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02072006 Chg-P CR2E034 (11/05)

00014306

4. FEI Number
65-0990349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Kochen

3/21/06 (305) 693-8400

Date

Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.