

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000025297

1. Entity Name
GROUP NEXUS EIGHT, INC.



Principal Place of Business
5768 N.W. 183 ST
MIAMI, FL 33015

Mailing Address
7401 N.W. 32 AVE
REAR
MIAMI, FL 33147

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90322 040 ***150.00



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990349	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
SERBER, DANIEL
TURNBERRY PLAZA - SUITE 801
2875 N.E. 191 STREET
AVENTURA, FL 33180

7. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOCHEN, CARLOS D
STREET ADDRESS 7401 N.W. 32 AVE, REAR
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME KOCHEN, FANNIE
STREET ADDRESS 7401 N.W. 32 AVE, REAR
CITY-ST-ZIP MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS KOCHEN 4/15/08 (305)693-8400

Date

Daytime Phone #