FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90008 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000092543

1. Entity Name
NEXT CONSULTING GROUP, INC.

94003561

Principal Place of Business	Mailing Address
~~848 BRICKELL AVENUE~~ ~~SUITE 830~~ ~~MIAMI, FL 33131~~	~~848 BRICKELL AVENUE~~ ~~SUITE 830~~ ~~MIAMI, FL 33131~~

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
150 SE 2ND AVENUE	150 SE 2ND AVENUE
Suite, Apt. #, etc.: SUITE #1200	Suite, Apt. #, etc.: SUITE #1200
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: US	Zip: 33131 Country: US

4. FEI Number: 65-1140174 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MARTIN, MIGUEL A ESQ.~~
~~848 BRICKELL AVENUE~~
~~SUITE 830~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name: BORIS ROSEN
Street Address (P.O. Box Number is Not Acceptable): 150 SE 2ND AVENUE, SUITE #1200
City: MIAMI FL Zip Code: 33131

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 [signature] DATE 1-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MORENO, ~~JOSE LUIS~~	NAME	MORENO, JOSE LUIS
STREET ADDRESS	~~848 BRICKELL AVENUE SUITE 830~~	STREET ADDRESS	150 SE 2ND AVENUE, SUITE #1200
CITY-ST-ZIP	~~MIAMI, FL 33131~~	CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	BAILON, JULIO A	NAME	BAILON, JULIO A.
STREET ADDRESS	~~1865 BRICKELL AVENUE, SUITE 1105~~	STREET ADDRESS	150 SE 2ND AVENUE, SUITE #1200
CITY-ST-ZIP	~~MIAMI, FL 33131~~	CITY-ST-ZIP	MIAMI, FL 33131
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DIRECTOR 1/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #