2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000092543

1. Entity Name
NEXT CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131	150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

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

ROSEN, BORIS
150 SE 2ND AVENUE, SUITE #1200
MIAMI, FL 33131

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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 _____ DATE
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORENO, JOSE LUIS
STREET ADDRESS	150 SE 2ND AVENUE, SUITE #1200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	BAILON, JULIO A
STREET ADDRESS	150 SE 2ND AVENUE, SUITE #1200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80038-008 150.00

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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: JULIO BAILON, DIRECTOR 1/28/2005 305 808 7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #