

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000092543

1. Entity Name
NEXT CONSULTING GROUP, INC.



Principal Place of Business

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

Mailing Address

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

50002176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-1140174

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BORIS ROSEN**

Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DRIVE STE 1400

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, 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, 2006 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
NAME **D MORENO, JOSE LUIS** ☐ Delete
STREET ADDRESS **150 SE 2ND AVENUE, SUITE #1200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

JOSE LUIS MORENO

2/22/06