2005 FOR PROFIT CORPORATION

FILED Apr 23, 2005 08:00 AM

ANNOAL NEFON I				Secretary of State			
DOCUMENT # P02000033053 1. Entity Name NAGUS GLOBAL GROUP INC.						J	
Principal Place 561 SW 122 MIAMI, FL 3		Mailing Address 561 SW 122ND AVE. MIAMI, FL 33184			4 1814 181 1811 1812 184	: 40.00 (10 0 - 1444 00.0 5	BINDE MINERI IN 1611
1	OO NOT WRITE	CE	04132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 51-0455766 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Regulred				
	6. Name and Address of Current Re	gistered Agent		<u> </u>			
NUNEZ, ROSA 561 SW 122ND ST. MIAMI, FL 33184					NOT W		. 1
the obligated SIGNATURE.	named entity submits this statement for it tions of registered agent. Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00	itto it applicable (NOTE Registe 9. Election Campaign Fin	ored Agant signature require		ATT, IT UIS STATE OF THE	DATE	Thu, and accept
Atter M	ay 1, 2005 Fee will be \$550.00						
10. ILILE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, ROSA A 561 S.W. 122ND AVE. MIAMI, FL 33184	RÉCTORS				·	- iî .
TITLE MAME STREET ADDRESS CITY-ST-ZIP	VPD GUSTANO, COSTA L 561 SW 122ND AVE MIAMI, FL 33184		_		0000 00 04/23/05-	325378 80013-010	150.00
NAME STREET ADDRESS CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·			NOT W		
ITITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SF	YACE	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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:

TITLE. NAME STREET ADDRESS CITY-ST-ZIP

Kara Julia . Rox A. Nunge SIGNATURE AND THE OFFICER OR DIRECTOR

(786) 586-3404

Daylime Phone #