
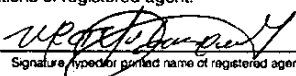
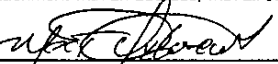


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90022 037 \*\*\*158.75

<b>DOCUMENT # P03000120571</b>					
<b>1. Entity Name</b> NCG CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 2549 NORTH DIXIE HWY LAKE WORTH, FL 33460 US			<b>Mailing Address</b> 1814 16TH AVENUE NORTH LAKE WORTH, FL 33460 US		
<b>2. Principal Place of Business</b> 1814 16th Avenue North		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Worth, Florida		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-0376615	
<b>Zip</b> 33460		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GARCIA, NEPTALY C 1814 16TH AVENUE NORTH LAKE WORTH, FL 33460			Name <b>CACERES GARCIA, NECTALY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1814 16TH AVENUE NORTH</b>  City <b>LAKE WORTH</b> <b>FL</b> <b>Zip Code 33460</b>		
<b>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.</b>					
SIGNATURE 		<b>NECTALY CACERES GARCIA, PRES</b>		<b>03/15/2006</b>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-filing)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> GARCIA, NEPTALY C <input type="checkbox"/> Delete		<b>TITLE</b> PT	<b>NAME</b> CACERES GARCIA, NECTALY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1814 16TH AVENUE NORTH	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33460		<b>STREET ADDRESS</b> 1814 16TH AVE NO	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33460	
<b>TITLE</b> VP	<b>NAME</b> VARELA, CLAUDIA <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1814 16TH AVENUE NORTH	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33460		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>NECTALY CACERES GARCIA</b>		<b>03/15/2006 (561) 317-9199</b>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	