

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/11/2005-90116-030-\$150.00-\$150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |  |                                                                                                                                                                                            |  |                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000078302</b><br>1. Entity Name<br><b>NESGIR, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |         |  |                                                                                                                                                                                            |  | <b>FILED</b><br><br><b>05 AUG 19 PM 12: 55</b><br><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>8000 HARDING AVE - UNIT 7D</b><br><b>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         |  | Mailing Address<br><b>8000 HARDING AVE - UNIT 7D</b><br><b>MIAMI BEACH, FL 33141</b>                                                                                                       |  |                                                                                                                |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                                              |  |                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |  | City & State                                                                                                                                                                               |  |                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country |  | Zip                                                                                                                                                                                        |  | Country                                                                                                        |  |
| 4. FEI Number<br><b>01-0814273</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                     |  |                                                                                                                |  |
| 5. Certificate of Status Desired: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |  | \$8.75 Additional Fee Required                                                                                                                                                             |  |                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GIROUD, NESTOR</b><br><b>8000 HARDING AVE - UNIT 7D</b><br><b>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                      |  |                                                                                                                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> |  |                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                        |  |                                                                                                                |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |  | 10. OFFICERS AND DIRECTORS                                                                                                                                                                 |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             |  |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                      |  |                                                                                                                |  |
| 07/05/05 305-2444823                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |         |  | Date Daytime Phone                                                                                                                                                                         |  |                                                                                                                |  |