

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083191

Entity Name: NEXGEN IMPRESSIONS, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

180 SW 167TH AVE.
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

180 SW 167TH AVE.
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 01-0817514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE VELASCO, M. GABRIELLA
5880 NW 106TH CT.
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE VELASCO, M. GABRIELLA
Address: 5680 NW 106TH CT.
City-St-Zip: DORAL, FL 33178

Title: V () Delete
Name: DEMERCADO, DAVID
Address: 5680 NW 106TH CT.
City-St-Zip: DORAL, FL 33178

Title: S () Delete
Name: DE VELASCO, GISSELLE
Address: 5680 NW 106TH CT.
City-St-Zip: DORAL, FL 33178

Title: T () Delete
Name: BOLGER, KATHY
Address: 180 SW 167TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BOLGER

TREA

01/03/2007

Electronic Signature of Signing Officer or Director

Date