


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000112502</b> 1. Entity Name NGX GROUP USA, INC.	
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Principal Place of Business 2855 OCEAN DR STE C2 VERO BEACH, FL 32963	Mailing Address 2855 OCEAN DR STE C2 VERO BEACH, FL 32963
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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1147957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUCCI, JOSEPH  
1946 16TH AVE  
VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUER, CARLOS M B CELLINI NO 209 COL ALFONSO X111 MEXICO DF MEXICO 01460,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUER, CARLOS B CELLINI NO 209 COL ALFONSO X111 MEXICO DF MEXICO 01460,
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02/18/08-80043-024 150.00

**DO NOT WRITE  
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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: CARLOS LEUR 1/30/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #