2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112502

City-St-Zip: MEXICO DF MEXICO 01460, XX

FILED Feb 07, 2009 Secretary of State

Entity Na	me: NGX GR	OUP USA, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
2855 OCEAN DR STE C2 VERO BEACH, FL 32963			2ND FLOOR	2332 GALIANO STREET 2ND FLOOR CORAL GABLES, FL 33134	
Current N	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
2855 OCEAN DR STE C2 VERO BEACH, FL 32963			2ND FLOOR	2332 GALIANO STREET 2ND FLOOR CORAL GABLES, FL 33134	
FEI Number	: 86-1147957	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1946 16TH VERO BEATHER The above	ACH, FL 3296		purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUER, CARLO B CELLINI NO) Delete S M 209 COL ALFONSO X111 EXICO 01460, XX	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	LUER, CARLO) Delete S 209 COL ALEONSO X111	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS M. LUER Ρ 02/07/2009