

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90322 043 ***150.00

DOCUMENT # P06000001424

1. Entity Name
GROUP NEXUS ELEVEN, INC.



Principal Place of Business
**929 E COMMERCIAL BLVD
OAKLAND PARK, FL 33334**

Mailing Address
**7401 NW 32 AVE
MIAMI, FL 33147**

40083384



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7401 NW 32 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REAR

02072008

Chg-P

CR2E034 (12/06)

City & State

City & State

MIAMI FL

4. FEI Number
20-4053089

Applied For
Not Applicable

Zip

Country

Zip

Country

33147 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERBER, DANIEL J
2875 NE 191ST STREET
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D KOCHEN, CARLOS**
STREET ADDRESS **7401 NW 32 AVE**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☒ Change ☐ Addition
NAME **D KOCHEN, CARLOS**
STREET ADDRESS **7401 NW 32 AVE REAR**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME **D KOCHEN, FANNIE**
STREET ADDRESS **7401 NW 32 AVENUE-REAL**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☒ Change ☐ Addition
NAME **D KOCHEN, FANNIE**
STREET ADDRESS **7401 NW 32 AVE REAR**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Kochen

4/15/08

(305) 693-8100

Date

Daytime Phone #