

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000022212

Entity Name: NEXZ GROUP, INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9737 NW 41 STREET, UNIT 576  
DORAL, FL 33178

**New Principal Place of Business:**

4512 NW 94 CT  
DORAL, FL 33178

**Current Mailing Address:**

9737 NW 41 STREET, UNIT 576  
DORAL, FL 33178

**New Mailing Address:**

4512 NW 94 CT  
DORAL, FL 33178

FEI Number: 27-2131352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMADO, PATRICIA D  
9737 NW 41 STREET, UNIT 576  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

AMADO, PATRICIA D  
4512 NW 94 CT  
DORAL, FL 33178 US

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

05/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AMADO, PATRICIA  
Address: 4512 NW 94 CT  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA AMADO

PD

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date