

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000015870	
1. Entity Name GROUP NEXUS FOUR, INC.	

Principal Place of Business 67 NE, 17 TERR MIAMI, FL 33132 US	Mailing Address 67 NE, 17 TERR MIAMI, FL 33132 US
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03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0766056	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J
TURNBERRY PLAZA, STE B01
2875 N.E 191ST STREET
MIAMI, FL 33180

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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 _____ (NOTE: Registered Agent signature required when retabbing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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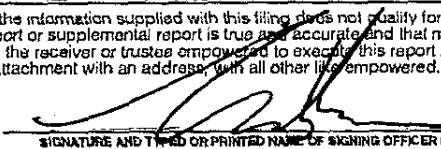
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOCHEN, CARLOS D 67 N.E. 17 TERRACE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KOCHEN, CARLOS D 67 NE 17 TERRACE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KOCHEN, FANNIE 67 NE 17 TERRACE MIAMI, FL 33132
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, 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 life empowered.

SIGNATURE:  **CARLOS KOCHEN** 4/11/05 (205) 273-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #