2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2004 8:00 am DOCUMENT # P99000022589 1. Entity Name **Secretary of State** NXG ARCHITECTURE, INC. 03-02-2004 90039 030 ***150.00 Mailing Address Principal Place of Business 321 NORTHLAKE BLVD 321 NORTHLAKE BLVD SUITE 202 NORTH PALM BEACH EL 33408 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business 4550 P.G.A. BWO. 4550 PGA BLUD Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) Suite 201 Suige 201 Applied For City & State City & State 4. FEI Number 65-0902414 PACE BEACH GARCONSPI Not Applicable \$8.75 Additional 5. Certificate of Status Desired WA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOE GUERRA GUERRA, NOE X Street Address (P.O. Box Number is Not Acceptable) 321 NORTHLAKE BLVD SUITE 202 NORTH PALM BEACH FL 33408 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition TITLE Delete NOE YNDIER GUERRA GUERRA, NOE XAVIER MAME NAME 4550 PGA BLUD. SLITE 201 321 NORTHLAKE BLVD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - ☐ Change ~ ☐ Addition TITLE -- Delete. NAME NAME STREET ADDRESS STEFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete ☐ Change Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

NOE X. GUERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: