
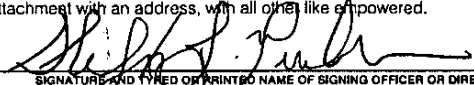


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100744 1. Entity Name NEU DELI, INC.			<p style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</p> <p style="text-align: center; font-size: 1.2em;">05 JUL 25 AM 9 19</p> <p style="text-align: center; font-size: 0.8em;">SECRET STATE TALLAHASSEE</p>
Principal Place of Business 1567 S FEDERAL HWY FORT LAUDERDALE, FL 33316		Mailing Address 1567 S FEDERAL HWY FORT LAUDERDALE, FL 33316	
2. Principal Place of Business		3. Mailing Address 2301 West Sample Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Building 4, Suite 1A	
City & State		City & State Pompano Beach, FL	
Zip	Country	Zip 33073	Country USA
		07152005	Chg-P
		CR2E034 (10/03)	
4. FEI Number 75-3083750		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHMAN, ALAN S ESQ 2301 WEST SAMPLE ROAD BUILDING 4, SUITE 1A POMPANO BEACH, FL 33073		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERA, STEPHEN 1567 S FEDERAL HWY FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700058355447 08/09/05--01002--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERA, NANCY 1567 S FEDERAL HWY FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		7/18/05 <small>Date</small>	954-763-3337 <small>Daytime Phone #</small>