


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 852507
1. Entity Name
NEELS COMPANY, INC.



Principal Place of Business Mailing Address
7210 RED ROAD STE 207-B 7210 RED ROAD STE 207-B
S MIAMI, FL 33143 US S MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0041168 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARZ, DAPHNE
7210 RED ROAD STE 207-B
S. MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

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

U000000325733
04/23/05-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELSACA-SAUD, ENRIQUE
STREET ADDRESS	7210 RED ROAD STE 207-B
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SD
NAME	H. DE ELSACA, NELLY
STREET ADDRESS	7210 RED ROAD STE 207-B
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VPD
NAME	HIRMAS, PABLO ENRIQUE E
STREET ADDRESS	7210 RED ROSE #207-B
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: E. Elsaca Date: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR