


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 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**



04192006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**98-0041168**      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**

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000526461  
 05/04/06 80875-002 150.00

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Enrique Elsaca      Date: 4/19/06      Oyster Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR