

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852507

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC4402240447**

**Entity Name:** NEELS COMPANY, INC.

**Current Principal Place of Business:**

1172 S DIXIE HWY  
#360  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 S DIXIE HWY  
#360  
CORAL GABLES, FL 33146 US

**FEI Number:** 98-0041168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIN, MARIA A  
1172 S DIXIE HWY  
#360  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:** MARIA A. LEWIN

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HIRMAS DE ELSACA, NELLY  
Address 6423 COLLINS AVE #1003  
City-State-Zip: MIAMI BEACH FL 33140

Title PD  
Name ELSACA SAUD, ENTIQUE  
Address 6423 COLLINS AVE #1003  
City-State-Zip: MIAMI BEACH FL 33140

Title SD  
Name ELSACA HIRMAS, CLAUDIA  
Address 6423 COLLINS AVE #1003  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HIRMAS DE ELSACA , NELLY

**OFFICER**

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date