
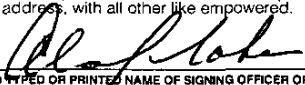


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 026 ***150.00

DOCUMENT # 307170 1. Entity Name NEHOC INVESTMENTS INC			
Principal Place of Business % CROWN HOTEL 4041 COLLINS AVE. MIAMI BEACH, FL 33140		Mailing Address % CROWN HOTEL 4041 COLLINS AVE. MIAMI BEACH, FL 33140	
2. Principal Place of Business 1025 Kane Concourse Suite, Apt. #, etc. 215		3. Mailing Address 1025 Kane Concourse Suite, Apt. #, etc. 215	
City & State Bay Harbor Islands, FL Zip 33154 Country USA		City & State Bay Harbor Islands, FL Zip 33154 Country USA	
4. FEI Number 59-1205851		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 COHEN, ALAN 4041 COLLINS AVE. MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Cohen, Alan Street Address (P.O. Box Number is Not Acceptable) 1025 Kane Concourse, Suite 215 City Bay Harbor Islands, FL Zip Code 33154	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ALAN J. 4041 COLLINS AVE. MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1025 Kane Concourse, Suite 215 Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, JOEL 4041 COLLINS AVE MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1025 Kane Concourse, Suite 215 Bay Harbor Islands, FL 33154
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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: 		Date 2 Feb 05 (307) 2672245	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01142005 Chg-P CR2E034 (10/03)