

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444974

FILED  
Apr 02, 2004  
Secretary of State

Entity Name: NEAL CORPORATION

## Current Principal Place of Business:

LA CREPE ST. MICHEL  
2135 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

## New Principal Place of Business:

LA CREPE ST. MICHEL  
162 ALCAZAR AVE  
CORAL GABLES, FL 33134

## Current Mailing Address:

LA CREPE ST. MICHEL  
2135 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

## New Mailing Address:

LA CREPE ST. MICHEL  
162 ALCAZAR AVE  
CORAL GABLES, FL 33134

FEI Number: 59-1509713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORNSTEIN, STUART NEAL  
162 ALCAZAR  
CORAL GABLES, FL 33134

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BORNSTEIN, STUART NE, AL  
Address: 162 ALCAZAR  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STUART NEAL BORNSTEIN

PD

04/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date