


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90013 041 ***150.00

DOCUMENT # 663742 1. Entity Name NEER-AM CORP.			
Principal Place of Business 301 174 STREET 2214 SUNNY ISLES BEACH, FL 33160 US		Mailing Address 301 174 STREET 2214 SUNNY ISLES BEACH, FL 33160 US	
2. Principal Place of Business <i>C/o Kleinman</i> 301 174 ST Suite, Apt. #, etc. # 2214 City & State Sunny Isles Beach, FL Zip 33160 Country USA		3. Mailing Address <i>C/o Kleinman</i> 301 174 ST Suite, Apt. #, etc. # 2214 City & State Sunny Isles Beach, FL Zip 33160 Country USA	
4. FEI Number 59-2334671		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 KLEINMAN, ESTHER 301 174 ST # 2214 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 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 P NAME KLEINMAN, ESTHER STREET ADDRESS 301 174 ST # 2214 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME KLEINMAN, CHAIM STREET ADDRESS 301 174 ST # 2214 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KLEINMAN, AMI STREET ADDRESS 301 174 ST # 2214 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KLEINMAN, NEER STREET ADDRESS 301 174 ST # 2214 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME KLEINMAN, DANA STREET ADDRESS 301 174 ST # 2214 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Esther Kleinman pre. Esther Kleinman</u> 1/6/05 305 933 3050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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