

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 021 ***150.00

DOCUMENT # 663742

1. Entity Name
NEER-AM CORP.



Principal Place of Business
C/O KLEINMAN
301 174 STREET # 2214
SUNNY ISLES BEACH, FL 33160 US

Mailing Address
C/O KLEINMAN
301 174 STREET # 2214
SUNNY ISLES BEACH, FL 33160 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2334671

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEINMAN, ESTHER
301 174 ST # 2214
SUNNY ISLES BEACH, FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEINMAN, ESTHER	
STREET ADDRESS	301 174 ST # 2214	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEINMAN, CHAIM	
STREET ADDRESS	301 174 ST # 2214	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINMAN, AMI	
STREET ADDRESS	301 174 ST # 2214	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEINMAN, NEER	
STREET ADDRESS	301 174ST # 2214	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLEINMAN, DANA	
STREET ADDRESS	301 174 ST # 2214	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Kleinman, Chaim
STREET ADDRESS	301 174 st # 2214
CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Esther Kleinman 1/8/07*