

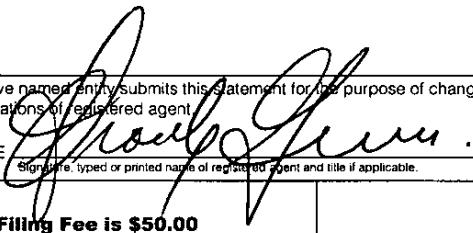
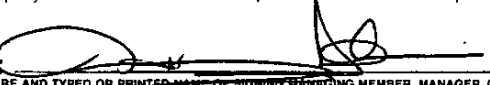


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90055 037 ****50.00

DOCUMENT # L03000005339 1. Entity Name NEO CONCEPTS, LLC					
Principal Place of Business 3375 S.W. 3RD AVENUE MIAMI, FL 33145			Mailing Address 3375 S.W. 3RD AVENUE MIAMI, FL 33145		
2. Principal Place of Business 11037 S.W. 8th St Suite, Apt. #, etc.		3. Mailing Address 11037 S.W. 8th St. Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 41-2084526	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, GILBERT A 3375 S.W. 3RD AVENUE MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Frank Guerra Street Address (P.O. Box Number Not Acceptable) 11037 S.W. 8th St City Miami FL Zip Code 33135	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE 3375 S.W. 3RD AVENUE MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 S.W. 3RD AVENUE MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, MARIA 3375 S.W. 3RD AVENUE MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11037 S.W. 8th St Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11037 S.W. 8th St Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11037 S.W. 8th St Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11037 S.W. 8th St Miami, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11037 S.W. 8th St Miami, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 			(305) 285-1418		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		