




FILED  
Jul 31, 2006 8:00 am  
Secretary of State

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2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000075454			
1. Entity Name NEO NAUTICAL LLC			
Principal Place of Business 3375 SW 3RD AVE. MIAMI, FL 33187		Mailing Address 3375 SW 3RD AVE. MIAMI, FL 33187	
2. Principal Place of Business 1637 SW 8 Street Suite, Apt. #, etc.		3. Mailing Address 1637 SW 8 Street Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33135 Country USA		Zip 33135 Country USA	
4. FEI Number 20-5065152		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04262006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CONTRERAS, GILBERT A 3375 SW 3RD AVE. MIAMI, FL 33187		7. Name and Address of New Registered Agent Name Lissette Calderon Street Address (P.O. Box Number is Not Acceptable) 1637 SW 8 Street 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  DATE 4/26/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Lissette Calderon MIAMI - 1637 SW 8 St MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MARK T CALDERON MIAMI - 1637 SW 8 St MIAMI, FL 33135
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	
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	
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	
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	
9. 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 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: 		4/26/06 305-285-1418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

ATTACHMENT 30012354

#605000075454

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		<b>EIN</b>  20-5065152  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Neo Nautical LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1637 SW 8 Street			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Miami FL 33135			5b City, state, and ZIP code		
6* County and state where principal business is located County Miami Dade State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor Lissette Calderon			7b SSN, ITIN, EIN 589-22-3377		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Co			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ LLC			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) AUG 1 2005			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i> ▶			Agriculture		Household Other
14* Check box that best describes the principal activity of your business			Health care & social assistance		Wholesale-agent/broker
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Investment Management			<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Investment Management					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... Yes No					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Third Party Designee Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form Designee's name Address and ZIP code Designee's telephone number (include area code) ( ) - Designee's fax number (include area code) ( ) -					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) Applicant's telephone number (include area code)					