2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P0000004291 1. Entity Name NEG AIR PARTS, CORP.						90280 045 ***15	50.00	
Principal Plac	e of Business	Mailing Address	.,	- 4U	Alona			
7500 NW 25 ST #247 MIAMI, FL 33122		7500 NW 25 ST #247 MIAMI, FL 33122				II BUTI GEHI BUTA META (BIS)	BiSPI if (SS)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01122007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 65-0984		N	pplied For ot Applicable	
Zip	Country	Zip	Country		f Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Curren	Registered Agent	Name	7. Name and A	Address of New R	legistered Agent		
DE-SOUSA, JORGE N			Name	Name				
7500 NW 25 ST #247 MIAMI, FL 33122			Street Accress	Street Address (P.O. Box Number is Not Acceptable)				
· •								
			City			FL Zip Coo	de	
	named entity submits this statement fions of registered agent. Sprianire, typed or printed name of registered agen		egistered office or registered office or registered affice or registered Agent signature require	<u> </u>	, in the State of Fig	orida. Tam familiar with	, and accept	

	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaign Trust Fund Contrib		5.00 May Be Ided to Fees				
After M	ay 1, 2007 Fee will be \$550 OFFICERS AND	ODIRECTORS		Ided to Fees	HANGES TO OFF	ICERS AND DIRECTOR	8S IN 11	
10.	ay 1, 2007 Fee will be \$550. OFFICERS AND	.00 Trust Fund Contrib	oution. Ad	Ided to Fees	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
After M	OFFICERS AND OFFICERS AND DE SOUSA, JORGE N	ODIRECTORS	11. TITLE NAME	Ided to Fees	HANGES TO OFF			
10. TIJLE NAME	ay 1, 2007 Fee will be \$550. OFFICERS AND	ODIRECTORS	oution. Ad	Ided to Fees	CHANGES TO OFF			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR