


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000005485		
1. Entity Name NEAPOLIS, INC.		

Principal Place of Business 777 NW 72 AVE STE 2F19 MIAMI, FL 33126	Mailing Address 777 NW 72 AVE STE 2F19 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0977453	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ESPOSITO, FERDINANDO
8820 SW 123CT #L301
MIAMI, FL 33186-4146

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ESPOSITO, FERDINANDO 8888 COLLINS AVE #213 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, ADRIANA 8888 COLLINS AVE #213 SURFSIDE, FL 33154
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565114
05/20/06-80113-006 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-06

Date

305-401-1063

Daytime Phone #