

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000039910

1. Entity Name
NEOTECH INTERNATIONAL CONSULTANTS, INC.



Principal Place of Business
**802 SW 7TH AVE.
FT. LAUDERDALE, FL 33315**

Mailing Address
**802 SW 7TH AVE.
FT. LAUDERDALE, FL 33315**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3045217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADDONIZIO, SCOTT J
802 SW 7TH AVE.
FT. LAUDERDALE, FL 33315**

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

(NOTE: Registered Agent signature required when reinstating)

01/11/07
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**

**000000587762
01/17/07-80044-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ADDONIZIO, SCOTT J
STREET ADDRESS	802 SW 7TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	PD
NAME	ADDONIZIO, SCOTT J
STREET ADDRESS	802 SW 7TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	D
NAME	ADDONIZIO, ARMANDO J
STREET ADDRESS	11886 PENINSULA DR.
CITY-ST-ZIP	TRAVERSE CITY, MI 49686
TITLE	D
NAME	ADDONIZIO, EILEEN P
STREET ADDRESS	11886 PENINSULA DR.
CITY-ST-ZIP	TRAVERSE CITY, MI 49686
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-07
Date

954 525 0802
Daytime Phone #