

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90236 035 ***150.00

DOCUMENT # P03000123824 1. Entity Name NEAL P. SALES, INC.			
Principal Place of Business 12612 N W 23RD ST PEMBROKE PINES, FL 33028		Mailing Address 12612 N W 23RD ST PEMBROKE PINES, FL 33028	
2. Principal Place of Business 13080 Parkside Terrace Suite, Apt. #, etc.		3. Mailing Address 13080 Parkside Terrace Suite, Apt. #, etc.	
City & State Cooper City, FL Zip Country 33330 USA		City & State Cooper City, FL Zip Country 33330 USA	
4. FEI Number 65-0920366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLASKER, NEAL P 12612 N W 23RD ST PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Plasker, Neal P Street Address (P.O. Box Number is Not Acceptable) 13080 Parkside Terrace City Cooper City FL Zip Code 33330	
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: <u><i>Neal Plasker</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME PLASKER, NEAL STREET ADDRESS 12612 NW 23RD ST. CITY-ST-ZIP PEMBROKE PINES, FL 33028	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Plasker Neal STREET ADDRESS 13080 Parkside Terrace CITY-ST-ZIP Cooper City, FL 33330		
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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: <u><i>Neal Plasker</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>5/1/06</u> Daytime Phone # _____	