

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2006 90015 016 ***150.00

DOCUMENT # P03000143623	
1. Entity Name NEO HOLDINGS, INC.	

Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131
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50007535

2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. 624 City & State MIAMI, FL Zip 33145 Country USA	3. Mailing Address 3191 CORAL WAY Suite, Apt. #, etc. 624 City & State MIAMI, FL Zip 33145 Country USA
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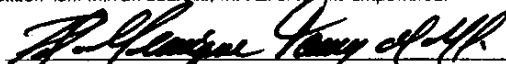
	
03172006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-1044618	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name PAULO MELO Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY #624 City MIAMI FL Zip Code 33145
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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 3/17/06
Signature typed, printed name of registered agent and the filer applicant. (NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVARES DE MELO, PAULO H 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GABRIELA GUIMARAES DIRECTOR 3191 CORAL WAY #624 MIAMI FL 33145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE 3/17/06 DAYTIME PHONE # 305 567 1162
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	