

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 008 ***150.00

DOCUMENT # P03000143623 1. Entity Name NEO HOLDINGS, INC.			
Principal Place of Business 3191 CORAL WAY 624 MIAMI, FL 33145		Mailing Address 3191 CORAL WAY 624 MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 308		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 308	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145		Zip 33145	
Country US		Country USA	
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 MELO, PAULO 3191 CORAL WAY 624 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name P / A Street Address 2828 Coral Way #308 Miami, FL 33145 Tel: (305) 567-1163 Fax: (305) 567-1169	
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: 02/11/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MELO, PAULO STREET ADDRESS 3191 CORAL WAY #624 CITY-ST-ZIP CORAL GABLES, FL 33145	☒ Delete	TITLE D NAME MELO, PAULO STREET ADDRESS 2828 CORAL WAY #308 CITY-ST-ZIP MIAMI, FL 33145	☐ Change ☒ Addition
TITLE D NAME GUIMARES, GABRIELA STREET ADDRESS 3191 CORAL WAY 624 CITY-ST-ZIP MIAMI, FL 33145	☒ Delete	TITLE D NAME GABRIELA GUIMARAES STREET ADDRESS 2828 CORAL WAY #308 CITY-ST-ZIP 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
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: 02/11/08	