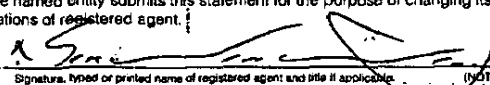
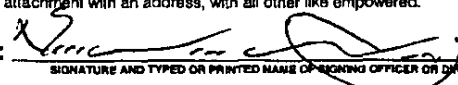


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90641 002 ***150.00

DOCUMENT # P03000146897			
1. Entity Name NEYCO CORP.			
Principal Place of Business 14 NE 1ST AVE., SUITE 713 MIAMI, FL 33132		Mailing Address 14 NE 1ST AVE., SUITE 713 MIAMI, FL 33132	
2. Principal Place of Business 40 NE 1ST AVE STE 703		3. Mailing Address 40 NE 1ST AVE, STE 703	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip 33132	Country U.S.A.	Zip 33132	Country USA
4. FEI Number 20-0472851		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, EVERNY 14 NE 1ST AVE., SUITE 713 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name MORENO EVERNEY Street Address (P.O. Box Number is Not Acceptable) 40 NE 1ST AVE STE 703 City MIAMI FL 33132	
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 4/6/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PVST ☐ Delete NAME MORENO, EVERNY STREET ADDRESS 14 NE 1ST AVE., SUITE 713 CITY-ST-ZIP MIAMI, FL 33132		TITLE PVST ☒ Change ☐ Addition NAME MORENO, EVERNEY STREET ADDRESS 40 NE 1ST AVE STE 703 CITY-ST-ZIP MIAMI, FL 33132	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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 4/6/04 Daytime Phone #	

66415615



04062004 Chg-P CR2E034 (10/03)