2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90641 002 ***150.00

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DOCUMENT # P03000146897

1. Entity Name
NEYCO CORP.

Principal Place of Business	Mailing Address
~~14 NE 1ST AVE., SUITE 713~~ ~~MIAMI, FL 33132~~	~~14 NE 1ST AVE., SUITE 713~~ ~~MIAMI, FL 33132~~
2. Principal Place of Business: 40 NE 1ST AVE STE 703 Suite, Apt. #, etc.	3. Mailing Address: 40 NE 1ST AVE, STE 703 Suite, Apt. #, etc.
City & State: MIAMI Zip: 33132 Country: U.S.A.	City & State: MIAMI Zip: 33132 Country: USA

04062004 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
MORENO, EVERNY ~~14 NE 1ST AVE., SUITE 713~~ ~~MIAMI, FL 33132~~	Name: MORENO Everney Street Address (P.O. Box Number is Not Acceptable): 40 NE 1ST AVE STE 703 City: MIAMI FL Zip Code: 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: [signature] 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST ~~MORENO, EVERNY~~ ~~14 NE 1ST AVE., SUITE 713~~ ~~MIAMI, FL 33132~~	☐ Delete	PVST MORENO, Everney 40 NE 1ST AVE STE 703 MIAMI, FL 33132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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] 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #