


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 045 \*\*\*150.00

<b>DOCUMENT # P04000051867</b> 1. Entity Name <b>NEO RIVER FRONT GP, INC., A FLORIDA CORPORATION</b>					
Principal Place of Business <b>1637 SW 8TH STREET MIAMI, FL 33135</b>			Mailing Address <b>1637 SW 8TH STREET MIAMI, FL 33135</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>34-1988690</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUERRA, FRANK 1637 SW 8TH STREET MIAMI, FL 33135</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT CALDERON, LISSETTE <input type="checkbox"/> Delete 1637 SW 8TH STREET MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Calderon, Lissette</i> <i>1637 SW 8th Street</i> <i>Miami, FL 33135</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON, LISSETTE <input type="checkbox"/> Delete 1637 SW 8TH STREET MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUERRA, FRANK <input type="checkbox"/> Delete 1637 SW 8TH STREET MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Guerra Frank</i> <i>1637 SW 8th Street</i> <i>Miami FL 33135</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALDERON, MARIA <input type="checkbox"/> Delete 1637 SW 8TH STREET MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank Guerra</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/25/06</i> Daytime Phone #		