2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State
03-24-2005 90038 006 ***150.00

DOCUMENT # P04000070490

1. Entity Name
NEIJNA INC.

Principal Place of Business	Mailing Address
123 SAN LORENZO AVENUE CORAL GABLES FL 33146-1513	123 SAN LORENZO AVENUE CORAL GABLES FL 33146-1513

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
123 SAN LORENZO AV. Suite, Apt. #, etc.	123 SAN LORENZO AV. Suite, Apt. #, etc.
City & State: CORAL GABLES FL.	City & State: CORAL GABLES, FL.
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: #113718073 ☐ 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
NEIJNA, BARBARA 123 SAN LORENZO AVENUE CORAL GABLES FL 33146-1513	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D NEIJNA, BARBARA 123 SAN LORENZO AVENUE CORAL GABLES FL 33146-1513 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.P NAME STREET ADDRESS CITY-ST-ZIP	NEIJNA, BARBARA 123 SAN LORENZO AV. CORAL GABLES. FL. 33146-1513 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	NEIJNA BARBARA 123 SAN LORENZO AVE CORAL GABLES. FL. 33146-1513 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREAS. NAME STREET ADDRESS CITY-ST-ZIP	NEIJNA, BARBARA 123 SAN LORENZO AV CORAL GABLES FL 3346 ☐ 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 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: BARBARA NEIJNA Jan. 30. 05 Apr. 28-05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #