

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 048 ***150.00

DOCUMENT # P04000098764 1. Entity Name NEUTECH SALES AND SERVICES, CORP.					
Principal Place of Business 1132 CALA LILY COVE* WEST PALM BEACH, FL 33415 US <i>*2601-42 S. Military Trail</i>			Mailing Address 1132 CALA LILY COVE WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business - No P.O. Box # 2601-42 S. Military trail Suite, Apt. #, etc. West Palm Beach FL			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33415 Country Palm Beach		
City & State Zip 33415 Country Palm Beach			4. FEI Number 20-1314744 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04302008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent AUGUSTIN, CARLINE 1132 CALA LILY COVE WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Carline</i> 4/30/08 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P AUGUSTIN, CARLINE 1132 CALA LILY COVE WEST PALM BEACH, FL 33415 <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	VP CONSTANT, RALPH 1132 CALA LILY COVE WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Carline</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/08 <small>Date Daytime Phone #</small>		

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