2005 FOR PROFIT CORPORATION

ANNUAL REPORT

SIGNATURE:



Daytime Phone #

05-03-2005 90102 032 ***150.00 **DOCUMENT # P04000129766** 1. Entity Name NEOCAMI, INC. $VV_{i}=i$ Mailing Address Principal Place of Business 4235 N UNIVERITY DR STE #203 4235 N UNIVERITY DR STE #203 SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Change ☐ Addition TITLE □ Delete GARZON, CAMILO NAME NAME STREET ADDRESS STREET ADDRESS 4235 N UNIVERITY DR STE #203 SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change | ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental report is frue 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 requirer or dustee tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment withidan addless title all other like empowered. vith all oth changed, or on an attachn