2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000056900 1. Entity Name 04-03-2006 90370 001 ***158.00 NEO OFFICE ADMINISTRATION INC. Principal Place of Business Mailing Address 7200 NW 7TH STREET, SUITE 206 7200 NW 7TH STREET, SUITE 206 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 477 NW 27 AVE 477 NW 27 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE Number 27/4098 Applied For FL MIDMI $T_{L_{-}}$ Not Applicable 3312S Country Country \$8.75 Additional USA. 5. Certificate of Status Desired 3312S UGA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMEID, CATHERINE. Columbie COLUMBIE CAMEJO, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 7200 NW 7TH STREET, SUITE 206 **MIAMI FL. 33126** 477 NW 27 AVE Zip Code 33125 MIDMI 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 filed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD. TITLE PD Delete TITLE Change Addition ROMERO, Frank NAME ROMERO, FRANK NAME 7200 NW 7TH STREET, SUITE 206 STREET ADDRESS 27 AVE, STREET ADDRESS 477 NW CITY-ST-7IP MIAMI FL 33126 CITY-ST-ZIP 33125 . MIAMI Delete TITLE ۷D TITLE ☐ Change Addition NAME COLUMBIE CAMEJO, CATHERINE NAME COLUMBIE CAMEJO, CATHERINE. STREET ADDRESS 7200 NW-7TH STREET, SUITE 206-STREET ADDRESS 477 NW 27 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** 33125 . MIDMI TITLE Delete_ TITLE ____Aridition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Teport 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 empawered

FILED

Daytime Phone #