

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90439 046 ***150.00

DOCUMENT # P05000108199 1. Entity Name NEYASON CORPORATION					
Principal Place of Business 2655 LE JEUNE RD - STE 403 CORAL GABLES, FL 33134			Mailing Address 2655 LE JEUNE RD - STE 403 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALFANO, ALEXANDER J 2655 LE JEUNE RD - STE 403 CORAL GABLES, FL 33134			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 _____ Signature, typed or printed name of registered agent and the filer (applicable) (P.O. Registered Agent signature required when registering)					
9. Election Campaign Financing			☐ \$5.00 May Be Added to Fees		
Trust Fund Contribution					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AGUDELO, CIFUENTES SIGIFREDO		NAME		
STREET ADDRESS	2655 LE JEUNE RD, STE 403		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	POLANCO DE AGUDELO, YOLANDA		NAME		
STREET ADDRESS	2655 LE JEUNE RD, STE 403		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AGUDELO, POLANCO, MARGARITA		NAME		
STREET ADDRESS	2655 LE JEUNE RD, STE 403		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AGUDELO, POLANCO, ANDRES		NAME		
STREET ADDRESS	2655 LE JEUNE RD, STE 403		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Copies Herein					