2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 22, 2007
Secretary of State

DOCUMENT# P05000108199

Entity Name: NEYASON CORPORATION

Current Principal Place of Business:

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3886095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GURIAN, JORGE
2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CIFUENTES, SIGIFREDO A
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: POLANCO DE AGUDELO, YOLANDA
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: AGUDELO POLANCO, MARGARITA
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: POLANCO, FELIPE ANDRES
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AGUDELO, SIGIFREDO
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition
Name: POLANCO, YOLANDA
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition
Name: AGUDELO, MARGARITA
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition
Name: AGUDELO, FELIPE A
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGIFREDO AGUDELO PD 06/22/2007

Electronic Signature of Signing Officer or Director — Date