

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000013117

Entity Name: NEOSTART, CORP

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

900 WEST 49 STREET  
SUITE #322 , #326 AND #224  
HIALEAH, FL 33012

## **New Principal Place of Business:**

900 WEST 49 STREET  
SUITE #430  
HIALEAH, FL 33012

## **Current Mailing Address:**

14020 SW 104 AVENUE  
MIAMI, FL 33176

## **New Mailing Address:**

FEI Number: 20-8335208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GRABER, MARIA X DR  
14020 SW 104 AVENUE  
MIAMI, FL 33176 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: PSD  
Name: GRABER, MARIA X DR  
Address: 14020 SW 104 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VT  
Name: AGUIRRE, ROBERTO DR  
Address: 117 NW 42 AVE., APT 1205  
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: MARIA XIMENA GRABER

PSD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date