## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000066305

1. Entity Name

NEO-NUEVO DEVELOPMENT COMPANY



FILED
Apr 27, 2006 08:00 AN
Secretary of State

Principal Place of Business

901 SOUTH FEDERAL HWY

STE 101

FORT LAUDERDALE, FL 33316

Mailing Address

901 SOUTH FEDERAL HWY STE 101

FORT LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPAC
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04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0495529

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKES, JOHN P 901 SOUTH FEDERAL HWY STE 101A FORT LAUDERDALE, FL 33316

## DO NOT WRITE IN THIS SPACE

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	f Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	}	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD JOYNER, WILLIAMS A 901 S FEDERAL HWY STE 101 FORT LAUDERDALE, FL 33316				U00000538867		
TITLE Name Street address City-St-Zip					05/09/06-80077-016 150.00		
TITLE Name Street address City-St-Zip				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 this tee 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:

DITLE NAME STREET ADDRESS CHY-ST-ZIP

ATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

106 954-761-83