

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 004 ***150.00

DOCUMENT # P93000073095

1. Entry Name
EK'S NEON SIGNS ENTERPRISES INC.



Principal Place of Business
1687 W 32ND PL
HIALEAH, FL 33012

Mailing Address
3655 WEST 16TH AVE.
#15
HIALEAH, FL 33016

2. Principal Place of Business
1687 West 32nd Place

3. Mailing Address
1687 W 32nd PL

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Hialeah, Fl.

Zip
33012

Country
U.S.A.

Zip
33012

Country
U.S.A.

04062005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0443333

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUSA, ICELA
1687 W 32ND PL
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

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 *Icela Sousa - Icela Sousa - Icela Sousa* *4-6-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BRavo, JORGE	3655 WEST 16TH AVE.	HIALEAH, FL 33012	<input type="checkbox"/>
SD	RIVERA, REYNALDO	3655 WEST 16TH AVE.	HIALEAH, FL 33012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jorge Bravo* *President* *4-7-05* *(305) 362-1103*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #