


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90683 025 ***150.00

DOCUMENT # P95000080340	
1. Entity Name NEICI TRADING COMPANY	

Principal Place of Business 2930 NW 108 AVE 10540 N.W. 26TH ST MIAMI, FL 33172 US 6-107	Mailing Address 2930 NW 108 AVE 10540 N.W. 26TH ST MIAMI, FL 33172 US
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34001070



03252004 No.Chg:P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0179252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BILDA, JORGE 2930 NW 108 AVE 10540 N.W. 26TH ST 6-107 MIAMI, FL 33172

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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BILDA, JORGE
STREET ADDRESS 2930 NW 108 AVE 10540 N.W. 26TH ST 6-107	CITY-ST-ZIP MIAMI, FL 33172
TITLE SD	NAME BILDA, NEIDE
STREET ADDRESS 2930 NW 108 AVE 10540 N.W. 26TH ST 6-107	CITY-ST-ZIP MIAMI, FL 33172
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/05/04 <small>Date</small>	305-4068500 <small>Daytime Phone #</small>
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