


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 Mailing Address

2930 NW 108 AVE 10540 N.W. 26TH ST **2930 NW 108 AVE 10540 N.W. 26 ST**

MIAMI, FL 33172 US 6-107 **MIAMI, FL 33172 US**

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 **\$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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	

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: Jorge Bilda 04/09/04 305-4069500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #