


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

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|--|---|--|---|---|--|
| DOCUMENT # P95000086340 1. Entity Name NEICI TRADING COMPANY | | | |  | |
| Principal Place of Business 10540 NW 26TH G-107 MIAMI, FL 33172 US | | Mailing Address 10540 NW 26TH G-107 MIAMI, FL 33172 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0179252 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BILDA, JORGE 10540 NW 26TH G-107 MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | Applied For Not Applicable | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the R, if applicable. (NOTE: Registered Agent signature required when retreating)</small> | | | DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BILDA, JORGE 10540 NW 26TH G-107 MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BILDA, NEIDE 10540 NW 26TH G-107 MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000516920 Change <input type="checkbox"/> Addition 05/01/06-80023-020 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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 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: <i>Jorge Bilda</i> | | _____ | | Date: <i>04/15/06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | _____ | | City/Time Phone #: <i>305 406 8500</i> | |