

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90100 011 \*\*\*150.00

**DOCUMENT # P99000080464**

1. Entity Name  
**NEO-HOMES DESIGN & DEVELOPMENT CORP.**



**Principal Place of Business**

212 NE 89 STREET  
EL PORTAL, FL 33138

**Mailing Address**

C/O ACCOUNTING PRACTICE  
7575 W FLAGLER STREET, #200  
MIAMI, FL 33144

**50048940**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0948498** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAZARO, ENRIQUE  
7575 W FLAGLER STREET, #200  
MIAMI, FL 33144

**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 fee 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	PTD
NAME	PIMENTEL, FRANKLIN J
STREET ADDRESS	99-60 63RD. RD. 11B
CITY-ST-ZIP	REGO PARK, NY 11374
TITLE	VD
NAME	GARCIA, MYSORA
STREET ADDRESS	115 W 16 STREET, APT. 217
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	<del>SD</del>
NAME	<del>MIRANDA, MARIANO (DELETE)</del>
STREET ADDRESS	<del>242 NE 89 STREET</del>
CITY-ST-ZIP	<del>EL PORTAL, FL 33138</del>
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*MYSORA GARCIA*  
*V-DIRECTOR*  
*4/28/05*