


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 015 ***150.00

DOCUMENT # P99000105335 1. Entity Name NEUPOR FLORIDA, INC.	
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Principal Place of Business 88 NE 168TH STREET N. MIAMI BEACH, FL 33162	Mailing Address 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1977659	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, THEODORE J 88 NE 168TH STREET N. MIAMI BEACH, FL 33162
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**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 title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	DP CHAVEZ, ANTONIO AV DE SINMTRA, CASA DAS VARANDAS 2750 CASCAIS, PORTUGAL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DE CHAVES, ALICIA AV DE SINMTRA CASA DAS VARANDAS CASCAIS, PORTUGAL, 2750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: Antonio Agostinho Figueira de Chaves
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #