


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90699 042 \*\*\*150.00

DOCUMENT # 660117			
1. Entity Name <b>EXIN CORPORATION</b>			
Principal Place of Business 12205 S.W. 129 CT. MIAMI, FL 33186 US		Mailing Address 543 NW 159 AVE PEMBROKE PINES, FL 33028 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2567002</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SILVA, CESAR</b> <b>543 NW 159 AVE</b> <b>PEMBROKE PINES, FL 33028</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature: Typed or printed name of registered agent and the filer (skip blank). (NOTE: Registered Agent signature required when filing first)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDUARDO, ACUNA LUIS</b>	NAME	
STREET ADDRESS	<b>543 NW 159 AVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL</b>	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLIMON, SERGIO</b>	NAME	
STREET ADDRESS	<b>543 NW 159 AVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL</b>	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LOS RIOS, AUGUSTO</b>	NAME	
STREET ADDRESS	<b>543 NW 159 AVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL</b>	CITY - ST - ZIP	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CESAR, SILVA</b>	NAME	
STREET ADDRESS	<b>543 NW 159 AVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Cesar Silva</i> VTS		4/30/04 959-437-6694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	