


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90145 016 \*\*\*150.00

**DOCUMENT # 660117**

1. Entity Name  
**EXIN CORPORATION**




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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2567002** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SILVA, CESAR  
 543 NW 159 AVE  
 PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent  
 Name **LEON SILVA T.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**543 NW 159 AVE**  
 City **Pembroke Pines** FL Zip Code **33028**

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 *Leon Silva T.* **VTS** DATE **04-27-2006**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EDUARDO, ACUNA LUIS	
STREET ADDRESS	543 NW 159 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLIMON, SERGIO	
STREET ADDRESS	543 NW 159 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE LOS RIOS, AUGUSTO	
STREET ADDRESS	543 NW 159 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	CESAR, SILVA	
STREET ADDRESS	543 NW 159 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTS	
STREET ADDRESS	LEON SILVA	
CITY-ST-ZIP	543 NW 159 AVE	
	Pembroke Pines, Fla 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Leon Silva T.* **LEON SILVA T.** DATE: **04-27-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR