

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660117

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: EXIN CORPORATION

**Current Principal Place of Business:**

12205 S.W. 129 CT.  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

543 NW 159 AVE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 59-2567002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, LEON T  
543 NW 159 AVE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EDUARDO, ACUNA LUIS  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: V ( ) Delete  
Name: COLIMON, SERGIO  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: V ( ) Delete  
Name: DE LOS RIOS, AUGUSTO  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: VTS ( ) Delete  
Name: SILVA, LEON  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON SILVA

VTS

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date