

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660117

FILED
Jan 24, 2008
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 (X) Delete
Name: COLIMON, SERGIO
Address: 543 NW 159 AVE
City-St-Zip: PEMBROKE PINES, FL

Title: V (X) 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 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

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date