

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660117

FILED  
Jan 03, 2011  
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:**

543 NW 159 AVE  
PEMBROKE PINES, FL 33028 US

**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:**

SILVA, CESAR  
543 NW 159 AVE  
PEMBROKE PINES, FL 33028 US

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: CESAR SILVA

01/03/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA, CESAR  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL

Title: VTS  
Name: SENZ, INGRID  
Address: 543 NW 159 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: CESAR SILVA

P

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date