


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M04850 1. Entity Name EXEX, INC.	
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FILED
 04 AUG -3 PM 1:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1602 ALTON RD. #100 MIAMI BEACH, FL 33139 US	Mailing Address 1602 ALTON RD. #100 MIAMI BEACH, FL 33139 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08022004 Chg-P CR2E034 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2442340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S E SECOND STREET 2315-A MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

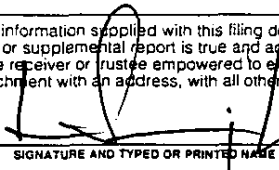
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	AS <input type="checkbox"/> Delete
NAME	PANGLE, L
STREET ADDRESS	1602 ALTON ROAD, SUITE 100
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	PSD <input type="checkbox"/> Delete
NAME	ALEXANDER, A
STREET ADDRESS	1602 ALTON RD. #100
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	VAS <input type="checkbox"/> Delete
NAME	SMEJDA, L
STREET ADDRESS	1602 ALTON RD 100
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	VP-S-D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, A
STREET ADDRESS	1602 Alton Rd. #100
CITY-ST-ZIP	Miami, FL 33139
TITLE	P-AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smejda, L.
STREET ADDRESS	1602 Alton Rd. #100
CITY-ST-ZIP	Miami Beach, FL 33139
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	
STREET ADDRESS	
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: 	L. Smejda	08 02 04	(305) 358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #