2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

, AMENDED ANNUAL REPORT								
DOCUI 1. Entity Name EXEX, INC							TLED G-3 PM I:(
D.::	. (01	NA-Way No. 2			_	SECRET	TARY OF STATI	
Principal Place 1602 ALTON #100		Mailing Address 1602 ALTON RD. #100			TALLAH	ASSEE, FLORG)Å.	
MIAMI BEACH	I, FL 33139 US	MIAMI BEACH, FL 33139 US) 1 10 1 (0 7 1) (11	EZIKI KINGE INIDE ZIKI 39:) DIRIN DIRIN DIRIN BIRIN BIRIN RI	THERE IN TORS
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08022004	Chg-P	CR2E034 (10/03)	
City & State	è .	City & State	City & State		4. FEI Numbe 59-244			oplied For of Applicable
Zip	ip Country Zip		Country			of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Currer			7. Name and	Address of New R	legistered Agent	-731	
			Name					
IBC FIDUCIARY INC. 100 S E SECOND STREET				Street Addr	Address (P.O. Box Number is Not Acceptable)			
2315-A MIAMI, FL 33131							•	- 186 - 367 - 37
<u> </u>				City			FL Zip Coo	· 및
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								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
TITLE	AS	☐ Delete	TITL	E			☐ Change	Addition
NAME PANGLE, L STREET ADDRESS 1602 ALTON ROAD, SUITE 100			NAM					
CITY-ST-ZIP MIAMI, FL 33139				EET ADORESS '+ST-ZIP				
TITLE	PSD	☐ Delete	TITL		P-S-D		(X) C)lange	Addition
NAME	ALEXANDER, A	•	NAN		lexander,			
STREET ADDRESS CITY-ST-ZIP	1602 ALTON RD. #100 MIAMI, FL 33139		1		.602 Alton Mami, FL 3			
TITLE	VAS	Oelete	TITL		P-AS	<u> </u>	([52] Change	Addition
NAME	ŞMEJDA, L		NAA		Smejda, L.			
STREET ADDRESS CITY-ST-ZIP	1602 ALTON RD 100 MIAMI BEACH, FL 33139			F	1602 Alton		n	•
TITLE	MINMI BEACH, FE 33139	☐ Delete	TITL		Miami Beach	1, FL 3313	Change	Addition
NAME			NAA					<u> </u>
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP	4500]4 <u>]</u> []4	apma	ંત્ર.
TITLE	<u> </u>	□ Delete	TIT			010250		Addition
NAME			NAN					
STREET ACCIDESS CITY-ST-ZIP			1	EET ADDRESS Y-ST-ZIP				
TITLE		□ Delete	Triti			<u> 340년</u> 010250		Addition
NAME			NAM	·- I	007.107.04	ນເນລາ ນ	OF GOODS	_
STREET ACCRESS				EET ADDRESS Y-ST-ZIP				
12 Lherehy	certify that the information smoothed	vith this filing does not qualify to	ir the ex	emotion stated	tin Section 119 07/3	(i) Florida Statutes	. I further certify that me	information
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 repeiver or frustee 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: 1. Smejda 08 02 04 (305) 358-4441								4441
	SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Dare	Daytime Phone #	•