

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058972

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: EXCEL TEAM REALTY, INC.

**Current Principal Place of Business:**

526 SW PORT ST. LUCIE BLVD.  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8089  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 65-0430976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

QUBAIN, IMAD S  
526 SW PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34953 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: PS ( ) Delete  
Name: QUBAIN, IMAD S  
Address: 526 SW PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T ( ) Delete  
Name: JAVIER, RHODA  
Address: 526 SW PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V ( ) Delete  
Name: DALY, JAMES K  
Address: 526 SW PORT ST. LUCIE BLVD.(VERO BCH OFF.)  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: V ( ) Delete  
Name: DROPIC, DENNIS  
Address: 526 SW PORT ST. LUCIE BLVD. (STUART OFF.)  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: V ( ) Delete  
Name: KRASKIEWICZ, MICHAEL  
Address: 526 SW PORT ST. LUCIE BLVD. (COM. DIV.)  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

**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:

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 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 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: RHODA JAVIER

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

T

04/20/2005

\_\_\_\_\_ Date