

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90001 032 \*\*\*150.00

**50024669**

**DOCUMENT # P94000025282**

1. Entity Name  
 EXCELT, INC.



Principal Place of Business  
 499 E. PALMETTO PARK ROAD  
 SUITE 201  
 BOCA RATON, FL 33432 US

Mailing Address  
 499 E. PALMETTO PARK ROAD  
 SUITE 201  
 BOCA RATON, FL 33432 US

2. Principal Place of Business  
**621 NW 53 STREET**  
 Suite, Apt. #, etc.  
**#240**

3. Mailing Address  
**621 NW 53 STREET**  
 Suite, Apt. #, etc.  
**#240**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

07262006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0480090**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, RICHARD H**  
**6400 N. ANDREWS AVENUE**  
**SUITE 320**  
**FORT LAUDERDALE, FL 33309**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS <input type="checkbox"/> Delete
NAME	CELSO HENRIQUE DE AZEVEDO MARQUES
STREET ADDRESS	908 NOVA PETROPOLIS
CITY-ST-ZIP	SAO BERNARDO DO CAMPO, SP, BZ 09770351
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 exemptions contained 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 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 lists empowered.

SIGNATURE:  **08/03/06** **561-995-1432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #