

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010769

**FILED  
Apr 21, 2014  
Secretary of State  
CC4554268598**

**Entity Name:** EXCEPTIONAL VENTURES INC

**Current Principal Place of Business:**

9341 NE 9TH AVE.  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9341 NE 9TH AVE.  
MIAMI SHORES, FL 33138

**FEI Number:** 46-4476190

**Certificate of Status Desired:** No

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

PERL, BARRY  
9405 N. MIAMI AVE.  
MIAMI SHORES, FL 33138 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name QUIROGA, MANUEL  
Address 9341 NE 9TH AVE.  
City-State-Zip: MIAMI SHORES FL 33138

Title D/VP  
Name CELLINI, DINA  
Address 211 BAL CROSS DR.  
City-State-Zip: BAL HARBOUR FL 33154

Title D/T  
Name SERRANO, DANIEL  
Address 20200 W. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title D/S  
Name QUIROGA, MERCEDES  
Address 9341 NE 9TH AVE.  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name CLANCY, SEAN  
Address 211 BAL CROSS DR.  
City-State-Zip: BALL HARBOUR FL 33154

Title D  
Name RANCATI, LILIANA  
Address 20200 W. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MANUEL QUIROGA**

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date