

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 494177

1. Entity Name
EXCELSIOR INTERNATIONAL GROUP, INC.



Principal Place of Business
**7980 NW 67TH STREET
MIAMI, FL 33166**

Mailing Address
**7980 NW 67TH STREET
MIAMI, FL 33166**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1693588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAI-CHANG, RONNIE O.
2522 MONTEREY CT
WESTON, FL 33327**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000476459
04/06/06-80011-010 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEW, WINSOME
STREET ADDRESS	2529 GOLF VIEW DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VTD
NAME	CHAI-CHANG, VALERIE
STREET ADDRESS	2522 MONTEREY CT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	CD
NAME	CHAI-CHANG, RONNIE O
STREET ADDRESS	2522 MONTEREY CT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VSD
NAME	CHAI-CHANG, DWIGHT
STREET ADDRESS	875 N.W. 99TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VD
NAME	CHAI-CHANG, RONNIE, JR
STREET ADDRESS	805 SW 173 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

305-594-1142

Daytime Phone