## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 22, 2004 8:00 am Secretary of State

| DOCUMENT # 645794  1. Entity Name EXCOSAN, INC.  |  |   |                                       |                                       |                                    | 4 90002 046 ***15                                   |                           |
|--|--|---|---------------------------------------|---------------------------------------|------------------------------------|---|---------------------------|
| 7232 N.W. 79TH TERRACE 7232 N.W. 79T   |  | , Mailing Address<br>7232 N.W. 79TH TERR<br>MIAMI, FL 33166 | · ·                                   |                                       | 81281 800 1881 1801 1801 878       | 540642  |                           |
| 2. Principal Place of Business   |  | 3. Mailing Address  |                                       |                                       |                                    |   |                           |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                                       | 07152004                              | Chg-P                              | CR2E034 (10/03)                                     |                           |
| City & State   |  | City & State  |                                       | , <b>4.</b> FEI Numb<br><b>59-195</b> |                                    | <b>——</b>   | plied For<br>t Applicable |
| Zip  |  | Zip   | ~                                     |                                       | ■ \$8.75 Additional Fee Required   |   |                           |
| 6. Name and Address of Current Registered Ag   |  | Registered Agent  | Name                                  | 7. Name and                           | Address of New R                   | egistered Agent                                     |                           |
| BERGNES, GABRIELDIAZ (ESQUIRE)<br>45 S.W. 36TH CT.<br>MIAMI, FL 33135  |  |   |                                       | ess (P.O. Box Numb                    | er is Not Acceptable               | )   |                           |
|  | и<br>:<br>:  |   | City                                  |                                       |                                    | Zip Code  | ż                         |
| S The state of the | l all all all all all all all all all a                  | the aurage of changing its                                  |                                       | intered point or he                   | th in the State of Ele             | FL  |                           |
| 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 or registered agent and title it applicable. [MOTE, neglistered Agent signature required when redistating)  |  |   |                                       |                                       |                                    |   |                           |
| FILE NOW!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finan Trust Fund Contribution.  |  |   |                                       | \$5.00 May Be<br>Added to Fees        | In accordance v<br>corporation did | vith s. 607.193(2)(b), I<br>not receive the prior r | F.S., the notice.         |
| 10.  | OFFICERS AND I   | DIRECTORS   | 11.                                   | ADDITIONS                             | /CHANGES TO OFF                    | ICERS AND DIRECTORS                                 | S IN 11                   |
| NAME<br>STREET ADDRESS   | PD I<br>AULET, JORGE V.<br>7810 S.W. 29 ST.<br>MIAMI, FL | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       |                                    | ☐ Change  | ☐ Addition                |
| كالمعدم بالمالية   | STD  | Delete  | a TITLE                               |                                       |                                    | Change  | Addition                  |
|  | AULET, ISABEL M.<br>7810 S.W. 29 ST.                     |   | NAME<br>STREET ADDRESS                |                                       |                                    |   |                           |
| 1 1  | MIAMI, FĻ  |   | CITY-ST-ZIP                           | ·                                     |                                    |   |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 4  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       |                                    | ☐ Change  | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 4  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ,                                     |                                    | - Change  | - Addition -              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 1  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ,                                     | akendan - u                        | ☐ Change  | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ^  | ☐ Detete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       |                                    | ☐ Change  | ☐ Addition                |
| 12. I hereby certify that the information supplied with this filling 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 redeiver 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 fixed empowered.  |  |   |                                       |                                       |                                    |   |                           |

## Excosan, inc.

7232 N.W. 79<sup>th</sup> TERRACE, MIAMI, FLORIDA, 33166 U.S.A. PHONE: (305) 884-6165 - FAX: (305) 884-4520 E-MAIL: excomiami@aol.com; excosan@bellsouth.net "ESTABLISHED 1979" HHachment 54064255

Miami, July 1st, 2004

FLORIDA DEPARTMENT OF STATE Secretary of State Glenda E. Hood DIVISION OF CORPORATIONS P.O. Box 3627 Tallahassee, Florida 32314

Re: Excosan, Inc. Annual Report - Document #-645794\_

Dear Sir / Madam,

Enclosed please find our payment check # 41725 dated July 1st, 2004 for US \$ 150.00

We were surprised to receive the notice of intent to dissolve because we never received any prior notification of payment.

We have been a Company doing business in the State of Florida since October 1979, and we have always paid the annual fee without any problem.

We will appreciate it if you expedite this matter.

Ypurs truly,

Vorge V. Aulet President.