

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002502

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: EXA EXECUTIVOS ASOCIADOS LTDA., INC.

**Current Principal Place of Business:**

1255 WEST ATLANTIC BOULEVARD  
SUITE 117  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1255 WEST ATLANTIC BOULEVARD  
SUITE 117  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 65-0592434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRUVE, CESAR  
1255 W. ATLANTIC BLVD.  
SUITE # 117  
POMPANO BEACH, FL 33069 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: PTD ( ) Delete  
Name: STRUVE, CESAR  
Address: 6202 VIA VENETIA N  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VSD ( ) Delete  
Name: EBERHAND, JUSSARA  
Address: 6202 VIA VENETIA N  
City-St-Zip: DELRAY BEACH, FL 33484

Title: DST ( ) Delete  
Name: MORRI, MELISSA  
Address: 12373 COLONY PRESERVE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MELISSA MORRI

DST

03/19/2007

Electronic Signature of Signing Officer or Director

Date