

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002502

FILED
Jun 18, 2009
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

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

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

Title: DST (X) Delete
Name: LONDONO, GLORIA P
Address: 1255 WEST ATLANTIC BLVD, STE 117
City-St-Zip: POMPANO BEACH, FL 33069

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 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: CESAR STRUVE

PDT

06/18/2009

Electronic Signature of Signing Officer or Director

Date