

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 050 ***150.00

DOCUMENT # F95000002502

1. Entity Name
EXA EXECUTIVOS ASOCIADOS LTDA., INC.



Principal Place of Business
20893 DEL LUNA DRIVE
BOCA RATON, FL 33433

Mailing Address
20893 DEL LUNA DRIVE
SUITE 202
BOCA RATON, FL 33433



2. Principal Place of Business
1255 West Atlantic Boulevard

3. Mailing Address
1255 West Atlantic Boulevard

Suite, Apt. #, etc.
Suite 117

Suite, Apt. #, etc.
Suite 117

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
US

Zip
33069

Country
US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0592434

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRUVE, CESAR
20893 DEL LUNA DRIVE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name *Struve, Cesar*
Street Address (P.O. Box Number is Not Acceptable)

9501 Carrousel World East
City *Boca Raton* FL Zip Code *33434*

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]

Cesar Struve

04/25/03

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

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW IN FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	STRUVE, CESAR	
STREET ADDRESS	95 S FEDERAL HWY., STE 202	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VSD	☐ Delete
NAME	EBERHAND, JUSSARA	
STREET ADDRESS	95 S FEDERAL HWY., STE 202	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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:

Cesar Struve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03
DATE

(561) 781-2434
DAYTIME PHONE #

CR2034 (10/02)