


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000025797 1. Entity Name EXCELAMERICA, LLC |  |
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| Principal Place of Business 4623 NW 97 COURT MIAMI, FL 33178 | Mailing Address 4623 NW 97 COURT MIAMI, FL 33178 |
|--|--|

DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 55-0864245 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MEJIA, JUAN CAMILO 4623 NW 97 COURT MIAMI, FL 33178 |
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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


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARANGO, DIEGO 4623 NW 97 COURT MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ECHA VARRIA, FERNAN 4623 NW 97 COURT MIAMI, FL 33178 |
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UD00000745789
05/16/07-80044-010 50.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____ **041807** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #