2006 FOR PROFIT CORPORATION

ANNUAL REPORT				reb 03, 2006 08:00 AN		
DOCUMENT # L17029				Secretary of State		
1. Entity Name AN X-CLUSIN	VE BANQUET HALL CORP.					
					•	
Principal Place of B	Business M	ailing Address			1	
12260 S.W. 8TH STREET, SUITE 205-21S 12260 S.W. 8TH STREET, SUITE 205-2 MIAMI, FL 33184 MIAMI, FL 33184						
				131111111111111111111111111111111111111		210
				133033		
ъ.	^-	01262006	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE			UE	4. FEI Numb 65-014		Applied For Not Applicab
					of Status Desired	\$8.75 Additional
5.	Name and Address of Current Regis	tered Agent				Fee Required
CARDONA, GLORIA I 12260 SW 8TH ST. #205-215						n:
			DO NOT WRITE			
MIAMI, FL 331	104			IN.	this sp	ACE
8. The above name the obligations of	ed entity submits this statement for the portion registered agent.	surpose of changing its registere	ed affice or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar with, and accep
SIGNATURE					-	
	lure, lyped or printed name of registered agent and little	f epphosole , NOTE: Registere	d Agent signature required	when reinstating)	. <u>Unango</u>	0ATE 4.1.0.1.0.0
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees		30037-016 158.75
10.	OFFICERS AND DIREC	CTORS	I			
TITLE PD	RDONA, GLORIA I					•
L	260 SW 8TH ST, #205-215		{			
,	AMI, FL 33184		1			
RITLE			1			
NAME			1			
STREET ADDRESS CITY-ST-ZIP			}			
TITLE			{			
NAME						
STREET ADDRESS CITY-ST-ZIP			Ì	DO	NOT W	RITE
TITLE			ł		_	
NAME			1	IN	THIS SP	'ACE
STREET ADDRESS			l			
City-st-ZiP			}			
TABLE NAME			!			

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: 1

STREET ADDRESS City-St-Zip

NAME STREET ADDRESS CITY-ST-ZIP

> Aues Cardana Gloria SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (