


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L86014 1. Entity Name EXKO SERVICES, INC.	
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Principal Place of Business 1172 SOUTH DIXIE HWY #565 CORAL GABLES, FL 33146 US	Mailing Address 1172 SOUTH DIXIE HWY #565 CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

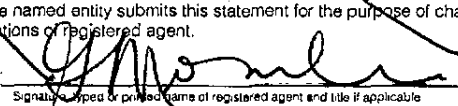
4. FEI Number 65-0209975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MORALES, GILBERT G
4865 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

**DO NOT WRITE
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:  GILBERT G. MORALES 5/26/05

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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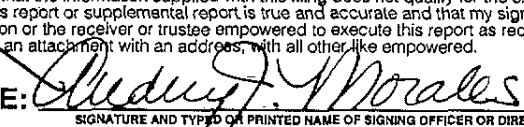
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORALES, GILBERT G. 4865 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORALES, AUDREY J. 4865 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D OLAZABAL, ANN M 1435 ANCONA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARSH, KARI M 5502 E. S. WILSHIRE DR TUCSON, AZ 85711
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORALES, DAVID G. 2935 CALUSA ST MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FLYNN, JEANNE M 49 PERRYMEAD STREET LONDON, ENGLAND, SW6-3N

U00000368492
05/31/05-80003-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  AUDREY J. MORALES 5/26/05 305 666-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #