


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**


05-05-2004 90241 026 \*\*\*158.75

<b>DOCUMENT # M04850</b>	
1. Entity Name <b>EXEX, INC.</b>	

Principal Place of Business <b>1602 ALTON ROAD PMB 100 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>1602 ALTON ROAD PMB 100 MIAMI BEACH FL 33139 US</b>
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2. Principal Place of Business <b>1602 ALTON ROAD</b> Suite, Apt. #, etc. <b>#100</b>	3. Mailing Address <b>1602 ALTON ROAD</b> Suite, Apt. #, etc. <b>#100</b>
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City & State <b>MIAMI BEACH, FL</b>	City & State <b>MIAMI BEACH, FL</b>
Zip <b>33139</b>	Country <b>USA</b>



**MOORE CR2E034 (11/03)**

4. FEI Number <b>59-2442340</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>IBC FIDUCIARY INC. 100 S E SECOND STREET 2315-A MIAMI FL 33131</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PANGLE, L</b> <input type="checkbox"/> Delete <b>1602 ALTON ROAD, SUITE 100 MIAMI FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD ALEXANDER, A</b> <input type="checkbox"/> Delete <b>1602 ALTON RD. #100 MIAMI FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS SMEJDA, L</b> <input type="checkbox"/> Delete <b>1602 ALTON RD 100 MIAMI BEACH FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **A. ALEXANDER** **4/16/04** **(305) 358-4441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #