

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 008 \*\*\*167.50

**DOCUMENT # M04850**

1. Entity Name

EXEX, INC.



Principal Place of Business

1602 ALTON RD.  
#100  
MIAMI BEACH FL 33139  
US

Mailing Address

1602 ALTON RD.  
#100  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-2442340**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBC FIDUCIARY INC.  
100 S E SECOND STREET  
2315-A  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**

**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 AS  
NAME PANGLE, L ☒ Delete  
STREET ADDRESS 1602 ALTON ROAD, SUITE 100  
CITY-STATE-ZIP MIAMI FL 33139

TITLE VPSD  
NAME ALEXANDER, A ☐ Delete  
STREET ADDRESS 1602 ALTON RD. #100  
CITY-STATE-ZIP MIAMI FL 33139

TITLE PAS  
NAME SMEJDA, L ☐ Delete  
STREET ADDRESS 1602 ALTON RD 100  
CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**L. SMEJDA**

**4-27-2005**

**305-358-  
9995**