

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M32093 1. Entry Name EXCELL LTD., INC						7/21/2005-90026-047-\$150.00-\$150.00 APPROVED FILED 112 05 AUG 17 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
Principal Place of Business 5220 NW 72 AVE BAY #35 MIAMI FL 33166-4858				Mailing Address 5220 NW 72 AVE BAY #35 MIAMI FL 33166-4858																							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																							
City & State Zip Country				4. FEI Number 59-2691529 ☐ Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)																							
6. Name and Address of Current Registered Agent BAE JAI WOO 4499 NW 93 DORAL CT MIAMI FL 33178				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered agent or authorized officer must sign when registering) _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>PD BAE, JAI WOO</td> <td>4499 NW 93 DORAL CT</td> <td>MIAMI FL 33166</td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		PD BAE, JAI WOO	4499 NW 93 DORAL CT	MIAMI FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 as changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <u>Jai w Bae</u> <u>7/18/2005 3:45 PM</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL REQUIRED																											



EXCELL LTD., INC.

2/2

August 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Reference No. M32096

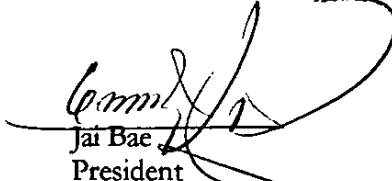
Dear Sir or Madam:

Regarding your recent letter dated July 25, we are being charged \$400.00 late fee for not filing the report on time.

I am requesting waiver of the \$400.00 due to non receipt of the first notice. We are currently encountering problems with mis-delivery of our mail.

Attached is a copy of the Annual Report we already sent in with the \$150.00.

Sincerely,


Jai Bae
President
EXCELL LTD., INC.