

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000004897

1. Entity Name
EXOTIC CENTER, INC.



FILED

07 APR 16 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13460 SW 232 STREET
MIAMI, FL 33170

Mailing Address
13460 SW 232 STREET
MIAMI, FL 33170



2. Principal Place of Business - No P.O. Box #
26100 SW 162 AVB
Suite, Apt. #, etc.

3. Mailing Address
26100 SW 162 AVB
Suite, Apt. #, etc.

03162007 Chg-P CR2E034 (12/06)

City & State
HOMESTEAD FL
Zip
33031
Country
USA

City & State
HOMESTEAD FL
Zip
33031
Country
USA

4. FEI Number
65-0973833
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARDO, INES
13460 SW 232 STREET
MIAMI, FL 33170

7. Name and Address of New Registered Agent

Name
INES PARDO

Street Address (P.O. Box Number is Not Acceptable)
26100 SW 162 AVB

City
HOMESTEAD FL Zip
33031

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600097967846

04/23/07--01022--007 **61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
D PARDO, INES ☐ Delete
STREET ADDRESS
13460 SW 232 STREET
CITY-ST-ZIP
MIAMI, FL 33170

TITLE
NAME
D ARRIAGA, FLORENTINA ☐ Delete
STREET ADDRESS
13460 SW 232 STREET
CITY-ST-ZIP
MIAMI, FL 33170

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D INES PARDO ☒ Change ☐ Addition
STREET ADDRESS
26100 SW 162 AVB
CITY-ST-ZIP
HOMESTEAD FL 33031

TITLE
NAME
D FLORENTINA ARRIAGA ☒ Change ☐ Addition
STREET ADDRESS
26100 SW 162 AVB
CITY-ST-ZIP
HOMESTEAD FL 33031

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

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

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

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

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 305 2425007
Date Daytime Phone #