

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006038

1. Entity Name
EXITO ESPECIAL SERV., INC.



06 JAN 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6500 KENDALE LAKES DRIVE
101
MIAMI, FL 33183

Mailing Address
6500 KENDALE LAKES DRIVE
101
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0975965

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

BETANCUR, ANCIZAR
6500 KENDALE LAKES DRIVE
101
MIAMI, FL 33183

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

Ancizar Betancur

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
BETANCUR, DAVID A
4955 NW 199TH STREET, LOT 441
MIAMI, FL 33055 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Gloria B. Muñoz ☐ Change ☒ Addition
7814 W 30 Ct. Hialeah, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BETANCUR, ANCIZAR
6500 KENDALE LAKES DRIVE
MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP David A. Betancur ☐ Change ☒ Addition
4955 NW 199 St. Lot. 441
Miami, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700064414177
01/25/06--01003--017 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Ancizar Betancur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #