

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90002 031 ***150.00

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1. Entity Name

EXCEL CONVERTING, INC.



Principal Place of Business

6831 NW 37 CT
HIALEAH FL 33147

Mailing Address

POB 668826
MIAMI FL 33166

2. Principal Place of Business - No P.O. Box #

6831 N.W. 37 CT

3. Mailing Address

P.O. Box 668826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33147

City & State

Miami FL 33166

Zip

33147

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

MARIN, RAFAEL A
8338 NW 7 STREET
#174
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Rafael Andres Marin
Street Address (P.O. Box Number is Not Acceptable)
8338 N.W. 7 ST #174
City Miami FL Zip Code 33126

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 re-registering)

DATE

2-15-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P	<input type="checkbox"/> Delete
NAME	MARIN, RAFAEL A	
STREET ADDRESS	8338 NW 7 ST #174	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

2-15-08