

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90061 047 ***150.00

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01112005 Chg-P CR2E034 (10/03)

4. FEI Number **41-2045011** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P01000057568
1. Entity Name
EXCELL OFFICE FURNITURE CORPORATION



Principal Place of Business
**12700 S.W. 75TH STREET
MIAMI, FL 33183**

Mailing Address
**12700 S.W. 75TH STREET
MIAMI, FL 33183**

2. Principal Place of Business
2104 SW 93RD COURT

3. Mailing Address
2104 SW 93RD COURT

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip **33165** Country **DADE** Zip **33165** Country **DADE**

6. Name and Address of Current Registered Agent
**SOLIS, ANTONIO
12700 S.W. 75TH STREET
MIAMI, FL 33183**

7. Name and Address of New Registered Agent
Name **SOLIS ANTONIO**
Street Address (P.O. Box Number is Not Acceptable)
2104 SW 93RD COURT
City **MIAMI FL** FL Zip Code **33165**

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 signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PSTD SOLIS, ENRIQUE 12700 S.W. 75TH STREET MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SOLIS, ENRIQUE 2104 SW 93RD COURT MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Enrique Solis 01/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #