

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


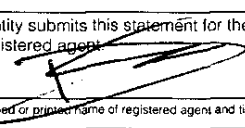
**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90056 017 \*\*\*150.00

**24021234**



03092004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000095222</b>					
1. Entity Name <b>AMERICAN EXCELLENCE, INC.</b>					
Principal Place of Business <b>2802 N.W. 72ND AVENUE MIAMI, FL 33122</b>			Mailing Address <b>2802 N.W. 72ND AVENUE MIAMI, FL 33122</b>		
2. Principal Place of Business <b>3058 NW 72ND AV</b>		3. Mailing Address <b>3058 NW 72ND AV.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>65-1142118</b>	
Zip <b>33122</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSTOS, HORACIO M 2802 N.W. 72ND AVENUE MIAMI, FL 33122</b>			7. Name and Address of New Registered Agent Name <b>BUSTOS HORACIO MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3058 NW 72ND AV.</b> City <b>MIAMI FLORIDA</b> FL Zip Code <b>33122</b>		
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  <b>HORACIO M. BUSTOS</b> 03/09/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALOMBO, NICOLAS 2802 N.W. 72ND AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUSTOS, HORACIO M 2802 N.W. 72ND AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>HORACIO M. BUSTOS</b> 03/09/04 3055938800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		