
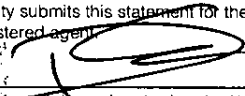
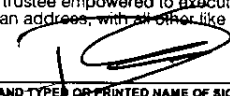


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90130 047 ***150.00

DOCUMENT # P01000095222 1. Entity Name AMERICAN EXCELLENCE, INC.					
Principal Place of Business 3058 NW 72ND AVE. MIAMI, FL 33122			Mailing Address 3058 NW 72ND AVE. MIAMI, FL 33122		
2. Principal Place of Business 7709 W 36TH AVE		3. Mailing Address 7709 W 36TH AVE			
Suite, Apt. #, etc. # 5		Suite, Apt. #, etc. # 5			
City & State MIAMI GARDENS FL		City & State MIAMI GARDENS FL			
Zip 33018		Country USA		Zip 33018	
Country USA		4. FEI Number 65-1142118			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUSTOS, HORACIO M 3058 NW 72ND AVE. MIAMI, FL 33122			7. Name and Address of New Registered Agent Name NICOLAS PALOMBO Street Address (P.O. Box Number is Not Acceptable) 7709 W 36TH AVE. UNIT 5 City MIAMI GARDENS FL Zip Code 33018		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PALOMBO, NICOLAS 2802 N.W. 72ND AVENUE MIAMI, FL 33122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALOMBO, NICOLAS 7709 W 36 AVE #5 MIAMI GARDENS, FL 33018 <input checked="" 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 checked="" 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	
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	
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 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: 			03/13/06 305 308 4691 Date Daytime Phone #		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					