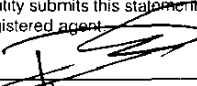
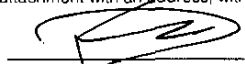


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 020 \*\*\*150.00

<b>DOCUMENT # P01000095222</b> 1. Entity Name <b>AMERICAN EXCELLENCE, INC.</b>					
Principal Place of Business <b>7709 W 36TH AVE</b> <b>5</b> <b>HIALEAH, FL 33018</b>			Mailing Address <b>7709 W 36TH AVE</b> <b>5</b> <b>HIALEAH, FL 33018</b>		
2. Principal Place of Business - No P.O. Box # <b>8480 NW 139 LN</b>		3. Mailing Address <b>8480 NW 139 LN</b>			
Suite, Apt. #, etc. <b>1505</b>		Suite, Apt. #, etc. <b>1505</b>			
City & State <b>MIAMI LAKES FL</b>		City & State <b>MIAMI LAKES FL</b>		4. FEI Number <b>65-1142118</b>	
Zip <b>33016</b>		Country <b>DADE</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>PALOMBO, NICOLAS</b> <b>7709 W 36TH AVE</b> <b>HIALEAH, FL 33018</b>			7. Name and Address of New Registered Agent Name <b>PALOMBO NICOLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8480 NW 139 LN # 1505</b> City <b>MIAMI LAKE FL</b> Zip Code <b>33016</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  DATE <b>02/02/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 7709 W 36 AVE 5 HIALEAH, FL 33018	<input type="checkbox"/> Delete			
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	PD PALOMBO NICOLAS 8480 NW 139 LN # 1505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  <b>Palombo Nicolas</b> DATE <b>02/02/07</b> DAYTIME PHONE # <b>3053084691</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40013607



01262007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

02/02/07