


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91013 007 \*\*\*150.00

**DOCUMENT # P01000100221**

1. Entity Name  
**EXCLUSIVE INVESTMENTS OF SOUTH FLORIDA, INC.**



Principal Place of Business      Mailing Address

7220 FAIRWAY DRIVE      7220 FAIRWAY DRIVE  
 SUITE G-10      SUITE G-10  
 MIAMI LAKES, FL 33014      MIAMI LAKES, FL 33014

2. Principal Place of Business      3. Mailing Address

*8122 SW 83 Street*      *8758 SW 8 St*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Miami FL*      *Miami FL*

Zip      Country      Zip      Country

*33143 US*      *33174 US*

04001234



04282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

*65-1145753*       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

RAMOS, JORGE H PA  
 2250 SW 3RD AVENUE  
 FIFTH FLOOR  
 MIAMI, FL 33129

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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, 2004 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	PSD AVELLO, RICARDO J 7220 FAIRWAY DRIVE SUITE G-10 MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8122 SW 83 Street</i> <i>Miami FL 33143</i>
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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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 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 lines empowered.

**SIGNATURE:** *[Signature]*      *4/28/04*      *(305) 227-2120*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #