## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P02000002017 1. Entity Name EXTOL CORP. Principal Place of Business Mailing Address 15411 SW 160 ST 15411 SW 160 ST **MIAMI FL 33187 MIAMI FL 33187** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3587266 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILLES, DONALD M Street Address (P.O. Box Number is Not Acceptable) 15411 SW 160 ST MIAMI FL 33187 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TILL Defete HILE Change Addition Addition GILLES, DONALD M NAME U00000353430 15411 SW 160 ST STREET ADDRESS SURFEL ADDRESS 05/03/05-80064-025 150.00 MIAMI FL 33187 CITY-ST-ZIP CITY-ST-ZIP **VSTD** THEF ☐ Delete Change ☐ Addition GILLES, MONIQUE M NAME NAME STREET ADDRESS 15411 SW 160 ST STREET ADDRESS CHY-SI-AP MIAMI FL 33187 CITY - ST - 71P Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE Delete Change ☐ Addition HILE NAME NAME STREET ADDRESS SIREELADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MLF Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete Title Change Addition TITLE NAME NAME STREET ADDRESS STHEEFADDRESS CITY - ST - 7(P CITY ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

**FILED**