

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90012 019 \*\*\*150.00

**DOCUMENT # P02000026739**

1. Entity Name  
**EXACTUS PORTFOLIO MANAGMENT ADVISORS, INC.**



Principal Place of Business.  
**1602 HARBOR ISLES CIRLCE  
PORT ST. LUCIE, FL 34986-1766**

Mailing Address  
**906 SW ST. LUCIE WEST  
#314  
PORT ST. LUCIE, FL 34986-1766**

**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0626775</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**STABILE, ALBERT III  
906 SW ST. LUCIE WEST BLVD.  
#314  
PORT ST. LUCIE, FL 34986-1766**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STABILE, ALBERT III 906 SW ST. LUCIE BLVD. #314 PORT ST. LUCIE, FL 349861766</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS CHO, ANN 401 SOUTH ARDEN BLVD. LOS ANGELES, CA 900204735</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

**3-25-04** **2016810244**  
Date Daytime Phone #