2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2005 8:00 am
Secretary of State
04-26-2005 90140 012 ***150.00

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1. Entity Name
EXCEL-O CORP INC.

Principal Place of Business	Mailing Address
14320 S.W.181 TERRACE MIAMI, FL 33177	14320 S.W.181 TERRACE MIAMI, FL 33177

66018437

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0663260
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, NEVILLE
19319 S.W. 118 PLACE
MIAMI, FL 33177

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWE, JUBERT G JR
STREET ADDRESS	14320 S.W. 181 TERRACE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	V
NAME	GORDON, NEVILLE
STREET ADDRESS	14320 S.W.181 TERR
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	MARTINEZ, ROGELIO
STREET ADDRESS	7650 W. 34TH LANE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	SV
NAME	SANTANA, ESTEBAN
STREET ADDRESS	14320 S.W.181 TERRACE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: J Lowe 5/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #