

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000084054**

1. Entity Name  
**EXCELL ENTERPRISES, INC.**



Principal Place of Business  
**16468 NE 27TH AVENUE  
NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**16468 NE 27TH AVENUE  
NORTH MIAMI BEACH, FL 33160**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>82-0556800</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**REATEGUI, CARLOS A  
16624 SW 91 TER  
MIAMI, FL 33196**

**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 \_\_\_\_\_  
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  
After May 1, 2008 Fee will be \$550.00**

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

**U000000950552  
06/03/08-80072-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST REATEGUI, CARLOS A 16624 91 TER. MIAMI, FL 33196</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MOLINA, LILIANA 16468 NE 27TH AVENUE NORTH MIAMI BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:**

*[Signature]*  
**CARLOS A. REATEGUI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/08 (305) 408-7842**  
Date Daytime Phone #