2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90051 002 ***150.00

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1. Entity Name
EXA WORLD BIZ FLORIDA, CORP.

Principal Place of Business	Mailing Address
1255 WEST ATLANTIC BOULEVARD SUITE 117 POMPANO BEACH, FL 33069 US	9501 CAROUSEL CIRCLE EAST BOCA RATON, FL 33434 US

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1255 W. ATLANTIC BLD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 117
City & State	City & State POMPANO BCH
Zip / Country	Zip 33064 Country USA

4. FEI Number 76-0710716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRUVE, CESAR
9501 CAROUSEL CIRCLE EAST
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name CESAR STRUVE
Street Address (P.O. Box Number is Not Acceptable)
1255 W. ATLANTIC BLVD #117
City POMPANO BEACH FL Zip Code 33064

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] 02/25/04
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, 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	P	☐ Delete
NAME	STRUVE, CESAR	
STREET ADDRESS	9501 CAROUSEL CIRCLE EAST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	☐ Delete
NAME	STRUVE, CESAR	
STREET ADDRESS	9501 CAROUSEL CIRCLE EAST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 02/25/04 561-445-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #