

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 047 ***150.00

DOCUMENT # P02000134464

1. Entity Name
EXODO M & L, CORP.



Principal Place of Business
3440 SW 14TH ST
FORT LAUDERDALE, FL 33312

Mailing Address
3440 SW 14TH ST
FORT LAUDERDALE, FL 33312

2. Principal Place of Business - P.O. Box #
9205 NW 49th Place
Suite, Apt. #, etc.

3. Mailing Address
9205 NW 49th Pl.
Suite, Apt. #, etc.

City & State
Sunrise, FL
Zip
33351
Country
US

City & State
Sunrise, FL
Zip
33351
Country
US

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
48-1293769
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NOFIL, JOSEPH K P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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
After May 1, 2008 Fee will be \$550.00
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, MR. MANUEL		NAME	9205 NW 49th Place	
STREET ADDRESS	3440 SW 14TH ST		STREET ADDRESS	Sunrise, FL 33351	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ, MRS. LUISA		NAME	9205 NW 49th Place	
STREET ADDRESS	3440 SW 14TH ST		STREET ADDRESS	Sunrise, FL 33351	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: X M. Al Herida 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #