2005 FOR PROFIT CORPORATION

Mar 07, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000070968** 03-07-2005 90289 014 ***150.00 HOMEXCELLENCE, INC. Principal Place of Business Mailing Address 12302 SW 131 AVENUE 12302 SW 131 AVENUE MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 106 Pt 533<u>5 NW</u> 5335 N Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 CR2E034 (10/03) Cho-P City & State Applied For City & State 4. FEI Number 54-2116522 Not Applicable Zip Country \$8.75 Additional 5.-Certificate of Status Desired ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Keinaldo -eReseTa CAZES, RICARDO Street Address (P.O. Box Number is Not Acceptable) 12302 SW 131 AVENUE MIAMI, FL 33186 FL 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. DTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Delete TITLE CANO, GIOVANNI NAME 12302 SW 131 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-\$T-ZIP CITY-ST-7IP ☑ Change ☐ Addition TITLE ☐ Delete TITLE Chacin, Alberto NAME CHACIN, ALBERTO NAME 5335 NW 106 Ct. STREET ADDRESS 12302 SW 131 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition Ce ReseTo, Reinaldo CERESETO, REINALDO NAME NAME 12302 SW 131 AVENUE STREET ADDRESS 106 Ct. STREET ADDRESS 5335 NW MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP 🛭 Change ☐ Addition TITLE Delete TITLE cazes Ricardo CAZES, RICARDO NAME NAME 12302 SW 131 AVENUE STREET ADDRESS 106 ct. STREET ADDRESS 5335 N CHY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP 33178 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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:

ereseto

FILED