

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 014 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P03000156613 1. Entity Name EXACTA COMMUNICATIONS INC. | | | | | |
| Principal Place of Business 15061 SW 149 AVENUE MIAMI, FL 33196 | | | Mailing Address 15061 SW 149 AVENUE MIAMI, FL 33196 | | |
| 2. Principal Place of Business 9300 N.W. 13 ST Suite, Apt. #, etc. | | 3. Mailing Address 9300 NW 13 ST Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 20-0522611 | |
| Zip 33172 | | Country DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BICHARA, JORGE JR. 15061 SW 149 AVENUE MIAMI, FL 33196 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9300 NW 13 ST City MIAMI FL Zip Code 33172 | | |
| 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: PKS 4/15/4 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BICHARA, JORGE JR. 15061 SW 149 AVENUE MIAMI, FL 33196 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Bichara, Jorge Jr. 9300 NW 13 ST MIAMI FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BICHARA, OMAIDA 15061 SW 149 AVENUE MIAMI, FL 33196 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Bichara, Omaida 9300 NW 13 ST MIAMI FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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, without other like empowered. | | | | | |
| SIGNATURE: PKS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/15/4 3055917521 <small>Date Daytime Phone #</small> | | |