


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90033 001 ***150.00

DOCUMENT # P04000086067

1. Entity Name
EXOTIC CONSTRUCTION & REPAIRS, INC.



Principal Place of Business Mailing Address
13296 NW 18TH STREET **13296 NW 18TH STREET**
PEMBROKE PINES, FL 33028 **PEMBROKE PINES, FL 33028**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02142006 Chg-P CR2E034 (11/05)



4. FEI Number Applied For
43-2054872 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

SODERLAND, JAMES K Name **Soderland, James K.**
 10396 NW 18TH STREET Street Address (P.O. Box Number is Not Acceptable)
 PEMBROKE PINES, FL 33028 **13296 N.W. 18th Street**

City **Pembroke Pines FL** Zip Code **33028**

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: *James K Soderland* DATE: **2-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SODERLAND, JAMES K 13296 NW 18TH STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *James K Soderland* Date: **2-14-06** Daytime Phone #: **954-815-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR