2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P04000164315

Entity Name: EXCELLENCY AMERICA SERVICES INC.

Current Principal Place of Business:

677 TRACE CIR
APT 210
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

555 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442

Current Mailing Address:

677 TRACE CIR
APT 210
DEERFIELD BEACH, FL 33441

New Mailing Address:

555 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442

FEI Number: 98-0441652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DA SILVA, RAFAEL R
432 SE 11TH STREET
100 B
DEERFIELD BEACH, FL 334416960 US

Name and Address of New Registered Agent:

DA SILVA, RAFAEL R
555 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE: RAFAEL R DA SILVA 03/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: DA SILVA, RAFAEL R
Address: 677 TRACE CIR APT 210
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete
Name: DA SILVA, RAFAEL R
Address: 677 TRACE CIR APT 210
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DA SILVA, RAFAEL R
Address: 555 JEFFERSON DRIVE # 104
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Change ( ) Addition
Name: DA SILVA, RAFAEL R
Address: 555 JEFFERSON DRIVE # 104
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL DA SILVA PSTD 03/18/2009
Electronic Signature of Signing Officer or Director Date