2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000005495

1. Entity Name
EXCELLO CORPORATION

Principal Place of Business	Mailing Address
6701 NW 7TH STREET SUITE 100 MIAMI, FL 33126	6701 NW 7TH STREET SUITE 100 MIAMI, FL 33126

04122006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	4. FEI Number — Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DO CARMO, AMANDIO 6422 COLLINS AVE APT 1701 MIAMI BEACH, FL 33141	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, 2006 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	P	☐ Delete	TITLE	U000005251 change ☐ Addition	
NAME	KROEFF, MARCELO		NAME	05/04/06-80021-004 150.00	
STREET ADDRESS	11498 NW 48TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DO CARMO, AMANDIO		NAME		
STREET ADDRESS	6422 COLLINS AVE APT 1701		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33178		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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: _____   4/13/06   305-775-8178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #