

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000077099

1. Entity Name

EXCELSIOR UNITED, CORP.



Principal Place of Business

22683 SW 65TH TERR
BOCA RATON FL 33428

Mailing Address

22683 SW 65TH TERR
BOCA RATON FL 33428



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

32-0152261

Applied For

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

TOUSSAINT, ATTENDIEU
22683 SW 65TH TERR
BOCA RATON FL 33428

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's name required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	TOUSSAINT, ATTENDIEU	
STREET ADDRESS	22683 SW 65TH TERR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMAR, HENRY	
STREET ADDRESS	1332 NW 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST JEAN, JOHNNY	
STREET ADDRESS	4851 NW 20TH STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMAR, MARC	
STREET ADDRESS	200 NE 38TH STREET APT 9	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARISTIDE, RUTH	
STREET ADDRESS	1270 SW 11TH AVE #B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33344	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIOGENE, ROLAND	
STREET ADDRESS	826 SW 50TH AVE	
CITY-ST-ZIP	MARGATE FL 33068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000936714	
STREET ADDRESS	05/27/08-80001-010 158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Attendieu Toussaint*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

954-744-9439

Date

Phone