


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90042 023 \*\*\*150.00

<b>DOCUMENT # P06000105892</b>					
<b>1. Entity Name</b> EXCEL CARS, INC.					
<b>Principal Place of Business</b> 1600 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33311			<b>Mailing Address</b> 8630 NW 56TH. STREET CORAL SPRINGS, FL 33067		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1600 W. SUNRISE BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		FORT LAUDERDALE, FL		<b>4. FEI Number</b> 20-5372107	
<b>Zip</b>	<b>Country</b>	33311	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DELEMOS, ROBERTO A 1600 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> DELEMOS, ROBERTO A		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8630 NW 56TH. STREET	<b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33067		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> MELO, GERALDO T		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2101 NW 49TH. AVE.	<b>CITY - ST - ZIP</b> COCONUT CREEK, FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Roberto DeLemos</i> <b>ROBERTO DELEMOs</b> 03/05/07 954-828-1950					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					