**FILED** 0 AN ıte

ANNUAL REPORT				May 06, 2008 08:0 Secretary of Sta			
DOCUMENT # P06000107338  1. Entity Name EXSO, CORP					S	ecretary of S	sta
Principal Place of Business  2194 NW 82NS AVE MIAMI, FL 33122  Mailing Address  2194 NW 82NS AVE MIAMI, FL 33122  MIAMI, FL 33122							I
DO NOT WRITE IN THIS SPACE			CE	04292008	No Chg-P	CR2E034 (11/05)	'
				20-539 5. Certificate	6262 of Status Desired	Not Applie \$8.75 Additional Fee Required	able
ORREGO 2194 NW MIAMI, FL	82NS AVE		-	NOT WITHIS SP			
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							сері
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE  DP ORREGO, IVAN 2194 NW 82NS AVE MIAMI, FL 33122	CTORS			U00000 06/03/08-	949509 -80031-001 150.00	)
CITY-ST-ZIP  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP	ILL IME REET ADDRESS  IY-S1-ZIP  LE ME REET ADDRESS			DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	. V						

12. I hereby certify that the information supplied with this filing toes 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR