

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 21, 2007 8:00 am
Secretary of State

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000116964			
1. Entity Name EXES, INC.			
Principal Place of Business 1241 S.W. 17TH TERRACE MIAMI FL 33145		Mailing Address 1241 S.W. 17TH TERRACE MIAMI FL 33145	
2. Principal Place of Business - No P.O. Box # 1401 S.W. 55T		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIA FLA		City & State	
Zip 33135	Country USA	Zip	Country
4. FEI Number 41-223-9794		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROCHE, BARBARA 2385 S.W. 20TH STREET MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. DE 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.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PVD BROCHE, BARBARA 2385 S.W. 20TH STREET MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARICHAL, DELLYS 1241 S.W. 17TH TERRACE MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Della Mc...</i></u>		Date: <u>3-29-07</u> Daytime Phone #: <u>305-301-8368</u>	