


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90017 014 ***150.00

DOCUMENT # P07000019849			
1. Entity Name EXCELVICE CORPORATION			
Principal Place of Business 9550 SW 29 TERR MIAMI, FL 33165 US		Mailing Address 9550 SW 29 TERR MIAMI, FL 33165 US	
2. Principal Place of Business - No P.O. Box # 8475 SW 94th ST Suite, Apt. #, etc. AP, 212 E		3. Mailing Address 8475 SW 94th ST. Suite, Apt. #, etc. AP, 212 E	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country	Zip 33156	Country
4. FEI Number 20-8430733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, SILVIA 9550 SW 29 TERR MIAMI, FL 33165		7. Name and Address of New Registered Agent Name SILVIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 8475 SW 94th ST AP, 212 E City MIAMI FL Zip Code 33156	
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 <u>SILVIA GONZALEZ (PRESIDENT)</u> DATE <u>7/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, SILVIA 9550 SW 29 TERR MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, SILVIA 8475 SW 94th. ST. AP 212 E MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRANZA, DANILO 9550 SW 29 TERR MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRANZA, DANILO 1720 SW 86 AVE. MIAMI, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERREIRA, JUAN P 9550 SW 29 TERR MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERREIRA, JUAN P 8475 SW 94 ST AP 212 E MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> (SILVIA GONZALEZ)		Date <u>7/20/08</u> (736) 285 9155 (SPANISH)	