


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 008 ***150.00

DOCUMENT # P07000101166

1. Entity Name
EXCLUSIVE PROPERTY MANAGEMENT GROUP, INC.



Principal Place of Business Mailing Address

1335 SW 78 CT **PO BOX 558474**
MIAMI, FL 33144 **MIAMI, FL 33255**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

12934 SW 133 Ct **12934 SW 133 Ct.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

A **A**



04072008 Chg-P CR2E034 (12/06)

City & State City & State

miami, Florida **miami, Florida**

Zip Country Zip Country

33186 **MIAMI-DADE** **33186** **MIAMI-DADE**

4. FEI Number Applied For

26-1075593 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, YAMILET
1335 SW 78 CT
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name **Yamilet Hernandez**

Street Address (P.O. Box Number is Not Acceptable)
12934 SW 133 Ct, Suite A

City **miami** FL Zip Code **33186**

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]* **President.** DATE **4/7/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, YAMILET 1335 SW 78 CT MIAMI, FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, CAROLINA 1335 SW 78 CT MIAMI, FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEDESMA, LUIS 1335 SW 78 CT MIAMI, FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yamilet Hernandez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12934 SW 133 Ct, Suite A miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Carolina Acosta <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12934 SW 133 Ct, Suite A miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Luis Ledesma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12934 SW 133 Court, Suite A miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE **4/7/08** DAYTIME PHONE # **786-242-7485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #