

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073427

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** EXOTICA INTERNATIONAL, INC.

**Current Principal Place of Business:**

2921 SW 2ND AVE  
FORT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

**Current Mailing Address:**

2921 SW 2ND AVE  
FORT LAUDERDALE, FL 33315 US

**New Mailing Address:**

**FEI Number:** 65-0444821      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENWALD, TEDD S.  
2921 SW 2ND AVE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

GREENWALD, TEDD S  
2921 SW 2ND AVE  
FORT LAUDERDALE, FL 33315 US

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.

SIGNATURE: TEDD S. GREENWALD      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GREENWALD, TEDD S.  
Address: 2921 SW 2ND AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VPD ( ) Delete  
Name: FLOWERS, MARY ELLEN  
Address: 2921 SW 2ND AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GREENWALD, TEDD S  
Address: 2921 SW 2ND AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN FLOWERS      VPD      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date