2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

4920 SW 90 AVE. COOPER CITY, FL 33328 DO NOT WRITE IN THIS SPACE 4920 SW 90 AVE. COOPER CITY, FL 33328 04272005 No Chg.P CFI2E034 (10/03) 4. FEI Number 65-0683634 Not Applied 65-0683634	DOCUMENT # P960000 1. Enlity Name EX - L, INC. Principal Place of Business	044117 Mailing Address		Secre	etary of State
DO NOT WRITE IN THIS SPACE 4. FEI Number 85-0683634	4920 SW 90 AVE.	4920 SW 90 AVE.			
5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent REBOCHAK, ELAINE P 4920 SW 90 AVE COOPER CITY, FL 33328 3. 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 a the obligations of registered agent. SIGNATURE Signature types a printed runs of registered agent	DO NOT WRI	* ************************************	CE	04272005 No Chg-P CF	
REBOCHAK, ELAINE P 4920 SW 90 AVE. COOPER CITY, FL 33328 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 a the obligations of registered agent. SIGNATURE Signature, spinit growing prince numeric registered agent entitles if scolicable PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TOTAL FUNCTIONS TOTAL PROJECTS AND DIRECTORS TOTAL PARK REBOCHAK, ELAINE P SIRET ADDRESS CITY ST 2P COOPER CITY, FL TITLE NAME SIRET ADDRESS CITY ST 2P TITLE NAME SIRET ADDRESS CITY ST 2P TITLE NAME SIRET ADDRESS CITY ST 2P TITLE NAME SIRET ADDRESS STRET ADDR	6. Name and Address of Co	rrent Registered Agent			\$8.75 Additional
the obligations of registered agent. SIGNATURE Signature. Vipidal or original registered agent entitles if applicable (NOTE Registered Agent signature required when reinstaling) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS INTE NAME REBOCHAK, ELAINE P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	REBOCHAK, ELAINE P 4920 SW 90 AVE.				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(f)). Florida Statutes. I further certify that the inform 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 did 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 Bloc changed, or on an attachment with an address, with all other like empowered. SIGNATURE: LIA NE PREBOCHAK ARES. 425.05 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Dayline Price #	indicated on this report or supplemental re of the corporation or the receiver or trusted	port is true and accurate and that my signal empowered to execute this report as requires with all other like empowered.	ature shall have the sa uired by Chapter 607,	ame legal effect as if made under oath; the Florida Statutes; and that my name appe	hat I am an officer or director ears in Block 10 or Block 11 if