## FILED Jun 04, 2007 8:00 am Secretary of State

2007	FOR PROFIT CORPO	RATION
	ANNUAL REPOR	Г '

DOCUMENT # P98000098826 06-04-2007 90011 027 \*\*\*150.00 EXCELL AMERICAN CORP. Principal Place of Business Mailing Address 390 W 49TH STEET 21050 N.E. 38 AVE # 1405 HIALEAH, FL 33012 APT. 1405 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05212007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-0880226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEVILLA, MARCOS Street Address (P.O. Box Number is Not Acceptable) 21050NE 38 AVE 1405 MIAMI, FL 33180 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SEVILLIA, LAURA V NAME STREET ADDRESS 20355 N.E. 38 AVE #1405 STREET ADDRESS CITY-ST-7IP AVENTURA, FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filips 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 employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employeded to execute the feet of the corporation or the receiver or trustee employed the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed to execute the feet of the corporation or the receiver or trustee employed of the corporation or the receiver or trustee em changed, or on an attachment with an address 3059046065 SIGNATURE:

# ATTACHMENT HO119523 Division of Corporations



## Annual Report

Annual Report Help
Document Number <b>P98000098826</b>
Business Entity Name
EXCELL AMERICAN CORP.

FEI Number	650880226		
FEI Number Status		<ul><li>Listed Above</li></ul>	
Certificate of Status Desired		○ Yes   No \$8.75 each	
Election Campaign Financing Contribution	Trust Fund	○ Yes   No	
Princi	pal Place	of Business	
Address	390 W 49TH STEET		
Suite, Apt. #, etc.			
City, State	HIALEAH	, FL	
Zip Code & Count	ry 33012		
<b>N</b> Address	<b>Tailing A</b> c 21050 N.E. 3	8 AVE # 1405	
Suite, Apt. #, etc.	APT. 1405		
City, State	AVENTURA	, FL	
Zip Code & Count	ry 33180		
Name and A	ddress of	Registered Agent	
Name (Last, First, Middle, Tit	le) SEVILLA	, MARCOS , ,	
- OR - Business to serve as RA			
Addraes (DO Boy is not	21050NE 3	88 AVE	

Address (PO Box is not

acceptable)

Suite, Apt. #, etc. City, State Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	DP				
Name (Last, First, Middle, Title)	SEVILLIA	, LAURA		, v	,
- OR -					
Entity Name to serve as					
Officer/Director					
Street Address	20355 N.E. 38 AVE	#1405	_		
City, State	AVENTURA		, FL		
Zip Code & Country	33180				
Title					
Name (Last, First, Middle,					
Title)		,		,	,
- OR -					

Officer/Director

Entity Name to serve as

ATTACHMENT HO119523

'Title'

- OR -

Entity Name to serve as Officer/Director

Street Address City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block

Title

Pridut Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and mancos serilia Repretu Agent permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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