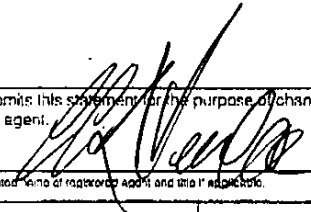
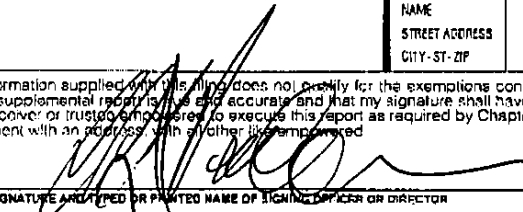


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 SEP 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014697			
1. Entity Name EXXEL TECHNOLOGIES INC.			
Principal Place of Business 7620 NW 25TH STREET BAY #3 MIAMI, FL 33122		Mailing Address 7620 NW 25TH STREET BAY #3 MIAMI, FL 33122	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 09012006		Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired 65-0918327		Applied For Not Applicable	
6. Name and Address of Current Registered Agent IGESIAS, ADOLFO 13170 SW 128TH STREET SUITE #203 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Clive Seecomar Street Address (P.O. Box Number is Not Acceptable) 7620 NW 25 Street Unit 3 City Miami FL Zip Code 33122	
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 		DATE 09-01-06	
Amended Alt is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SEECOMAR, CLIVE 7620 NW 25TH STREET BAY #3 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD Simon Bouhadana 3396 Bedford Ave. Brooklyn, NY 11210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	200079880072 09/15/06--01045--012 **70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 another like empowered.			
SIGNATURE: 		DATE 09-01-06 305-477-6368	

K. Eckel SEP 12 2006