
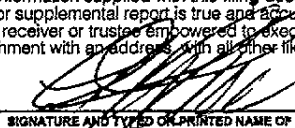


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000106682 1. Entity Name EXOTICARS SOUTH, INC.		
Principal Place of Business 4453 OAKS CIRCLE BOCA RATON, FL 33431-4209		Mailing Address 4453 OAKS CIRCLE BOCA RATON, FL 33431-4209
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069-4870		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROPEANO, ANGELO S 4453 OAKS CIRCLE BOCA RATON, FL 334314209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS TROPEANO, ANGELO S 4453 OAKS CIRCLE BOCA RATON, FL 334314209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/11/06</u> Daytime Phone # _____



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0967437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000509651

04/28/06-80051-013 150.00

**DO NOT WRITE
IN THIS SPACE**