

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 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**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967437

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$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
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U000000712508
04/26/07-80048-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

561-392-9222

Daytime Phone #