


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90144 042 ***150.00

DOCUMENT # V43655 1. Entity Name EXA ENTERPRISE COMPANY					
Principal Place of Business C/O 200 S. BISCAYNE BLVD. 2350 #3000 MIAMI, FL 33131 US			Mailing Address 200 S. BISCAYNE BLVD. 2350 #3000 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. SUITE 3000		Suite, Apt. #, etc. SUITE 3000			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0339909	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SLOTO, JAMES R ESQ MISHAN, SLOTO & GREENBERG, P.A. 200 S. BISCAYNE BLVD., STE 2350 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name JAMES R. SLOTO, ESQ Street Address (P.O. Box Number is Not Acceptable) SLOTO + ASSOCIATES, P.L. 200 S. BISCAYNE BLVD. # 3000 City MIAMI FL 33131		
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 <u><i>James R. Sloto</i></u> <small>Signature, type or printed name of registered agent and title if applicable.</small>				DATE 4-29-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AUSZENKER, JOSEFA E 16485 COLLINS AVE #1938 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

50047109

