


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90014 006 \*\*\*150.00

<b>DOCUMENT # F0000002052</b>			
1. Entity Name <b>XINETIX, INC.</b>			
Principal Place of Business <b>1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309</b>		Mailing Address <b>1650 WEST MCNAB ROAD FORT LAUDERDALE FL 33309</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**34024295**



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0795616</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PORTAL, DANILO</b>		NAME <b>RON PEDERSEN</b>	
STREET ADDRESS <b>1650 WEST MCNAB ROAD</b>		STREET ADDRESS <b>1650 WEST MCNAB ROAD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		CITY-ST-ZIP <b>FT. LAUDERDALE FL 33309</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, LEROY A</b>		NAME	
STREET ADDRESS <b>1650 WEST MCNAB ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		CITY-ST-ZIP	
TITLE <del>CEO</del>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>HOLSWORTH, WILLIAM</del>		NAME	
STREET ADDRESS <del>350 ABERDEEN LANE</del>		STREET ADDRESS	
CITY-ST-ZIP <del>AURORA OH 44202</del>		CITY-ST-ZIP	
TITLE <b>VC</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEESE, ROSS</b>		NAME	
STREET ADDRESS <b>45 CONGRESS ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SALEM MA 01970</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ASHLEY, PERRY</b>		NAME	
STREET ADDRESS <b>9 EAST HORN ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10016</b>		CITY-ST-ZIP	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SNIADY, KARL</b>		NAME	
STREET ADDRESS <b>45 CONGRESS ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SALEM MA 01970</b>		CITY-ST-ZIP	

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:  **KARL P SNIADY CFO** Date: **2/23/04** Daytime Phone #: **978-825-4830**