


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000043118  
 1. Entity Name  
 XMAS ISLE HOLDINGS, INC.



Principal Place of Business      Mailing Address  
 16200 SW 200TH ST.      16200 SW 200TH ST.  
 MIAMI, FL 33187      MIAMI, FL 33187

**DO NOT WRITE IN THIS SPACE**



07062005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1003890      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ST. LOUIS, ROLAND R JR.  
 THE COLONNADE, STE. 710  
 2333 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, BRENDA Y 16200 SW 200TH ST. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, ASHLEIGH 16940 SW 278TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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0000003/2749  
 07/14/05-80004-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ashleigh M Webb*      Date: 7/8/2005      Daytime Phone #: 305-322-9805