

2004 FOR PROFIT CORPORATION ANNUAL REPORT


7/8

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-08-2004 90189 028 ***150.00

DOCUMENT # P01000048049

1. Entity Name
XENO MECHANICS INC.



Principal Place of Business
**4496 NW 2ND AVE
 BOCA RATON, FL 33431**

Mailing Address
**4496 NW 2ND AVE
 BOCA RATON, FL 33431**

66430608



2. Principal Place of Business
4496 NW BocaRaton Blvd.

3. Mailing Address
4496 NW BocaRaton Blvd.

Suite, Apt. #, etc.

06182004 Chg-P CR2E034 (10/03)

City & State
BocaRaton, FL

City & State
BocaRaton, FL

Zip
33431

Country

4. FEI Number
73-1637725

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAVIGNE, ANTHONY E
 4496 NW 2ND AVE
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name: **Lavigne, Anthony E**

Street Address (P.O. Box Number is Not Acceptable)
4496 NW BocaRaton

City: **BocaRaton FL** Zip Code: **33431**

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]* DATE: **6/20/2004**

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
Due by September 8, 2004

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	<input type="checkbox"/> Delete
P	LAVIGNE, ANTHONY E	4496 NW 2ND AVE.	BOCA RATON, FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 fee empowered.

SIGNATURE: *[Signature]* DATE: **7/26/2004** DAYTIME PHONE #: **561-414-7081**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment B

DOCUMENT # P01000048049

1. Entity Name
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BOCA RATON, FL 33431

Mailing Address
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BOCA RATON, FL 33431

66430608



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4496 NW Boca Raton Blvd

Suite, Apt. #, etc.

07192004 Chg-P CR2E034 (10/03)

City & State
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, ANTHONY E
4496 NW 2ND AVE
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
LaVigne, Anthony E

Street Address (P.O. Box Number is Not Acceptable)
4496 NW Boca Raton, Blvd.

City
Boca Raton FL Zip Code
33431

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 *Anthony E LaVigne* DATE *7/26/2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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10. OFFICERS AND DIRECTORS	
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SIGNATURE: *Anthony E LaVigne* DATE: *7/26/2004* DAYTIME PHONE #: *561-414-7081*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR