


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90270 038 ***150.00

DOCUMENT # P98000108009

1. Entity Name
XOF ENTERPRISES, INC.



Principal Place of Business Mailing Address

1370 BREAKERS WEST BOULEVARD **1370 BREAKERS WEST BOULEVARD**
WEST PALM BEACH, FL 33411 **WEST PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0898434	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS ESQ.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD, FL 33021

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 _____ 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

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 FOX, ALICE 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411
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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:  **ALICIA T. FOX** **4/14/14** **790-2919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRES.