


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90167 045 \*\*\*150.00

**DOCUMENT # P98000108009**

1. Entity Name  
**XOF ENTERPRISES, INC.**



Principal Place of Business  
**1370 BREAKERS WEST BOULEVARD  
 WEST PALM BEACH, FL 33411**

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

2. Principal Place of Business  
**121 Turnberry Drive**

3. Mailing Address  
**121 Turnberry Drive**

Suite, Apt. #, etc.

City & State  
**Atlantis, Florida**

City & State  
**Atlantis, Florida**

Zip Country  
**33462 USA**

Zip Country  
**33462 USA**



03272006 Chg-P CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4040 Sheridan Street**

City State Zip Code  
**Hollywood FL 33021**

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 Morris Engelberg, Esq. *Morris Engelberg* DATE 03/27/2006

Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent Signature Required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PS FOX, ALICE 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COLLINS, ROBERT 121 TURNBERRY DRIVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, T CHRISTOPHER COLLINS 11 Masterton Road Bronxville, New York 10708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert Collins* Robert Collins, President DATE 03/27/2006 DAYTIME PHONE # 561-472-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #