

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108009

Entity Name: XOF ENTERPRISES, INC.

FILED
Apr 07, 2007
Secretary of State

Current Principal Place of Business:

121 TURNBERRY DR
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

121 TURNBERRY DR
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 65-0898434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGELBERG, MORRIS ESQ.
4040 SHERIDAN ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOX, ALICE
Address: 1370 BREAKERS WEST BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DPS () Delete
Name: COLLINS, ROBERT
Address: 121 TURNBERRY DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: DVPT () Delete
Name: COLLINS, CHRISTOPHER
Address: 11 MASTERTON ROAD
City-St-Zip: BRONXVILLE, NY 10708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. COLLINS M.D.

PRES

04/07/2007

Electronic Signature of Signing Officer or Director

_____ Date