

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108009

Entity Name: XOF ENTERPRISES, INC.

FILED  
Apr 15, 2008  
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 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

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date