


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90006 005 ***150.00

DOCUMENT # M11366
 1. Entity Name
XEROTECH CORPORATION



Principal Place of Business Mailing Address
16115 SW 117TH AVE **16115 SW 117TH AVE**
SUITE A-18 **SUITE A-18**
MIAMI FL 33177 **MIAMI FL 33177**
US **US**

2. Principal Place of Business 3. Mailing Address
16115 S.W. 117 AVE **16115 S.W. 117 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A-18 **A-18**

City & State City & State
MIAMI FLA **MIAMI**

Zip Country Zip Country
33177 **Dade** **33177** **Dade**



MOORE CR2E034 (11/03)

4. FEI Number **59-2504965** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~SMITH, HECTOR
 100 LINCOLN ROAD, APT. 308
 MIAMI BEACH FL 33179~~
Desease

7. Name and Address of New Registered Agent
 Name **MAYDA F. SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
14052 S.W. 160th
MIAMI
 City State **FL** Zip Code **33146**

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 **MAYDA F. SMITH** *Lyda F. Smith* **2-11-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MAYDA F	
STREET ADDRESS	16115 SW 117TH AVE., SUITE A-18	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Lyda F. Smith* **2-11-04** **305-238-8007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #