2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90099 012 ***150.00

917-626-0783

1. Entity Narr	MENT # F66854 XIE IMPORTS, INC.					IIAPETA		,12 13	0.00
	e of Business	Mailing Address	•		#/	1004-			
P.O. BOX 57 NEW YORK, I		P.O. BOX 572 NEW YORK, NY 10156	i		1				
		11211 10000,111 10100	•		1100119	. 1160 - Pitta - Pilai Iviai - Alem - Alem	61811 1 1811 811	E41 #3017 #1014 #101	(441)) (54
Principal Place of Business - No P.O. Box # 3. Mailing Address									
120 EAST 34TH STREET 120 EAST 34TH 3 Suite, Apt. #, etc. Suite, Apt. #, etc.			TH 5	TREET	J	L INIO 9 ITEN OTER 1910 I OTEN OUR	mubil: Sidii Bil	191 M3M1F A1M10 M1M1	150 BA 16 16 BA
JI - H		Suite, Apt. #, etc.			0419200	7 Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Nur			 	plied For
Zip	Country	NEW YORK, NY Zip Country		rv		180972			t Applicable
100	6 NEWYORK 10016 NE			york.		ate of Status Desired		\$8.75 Add Fee Required	litional d
6. Name and Address of Current Registered Agen				Name	7. Name a	nd Address of New R	egistered /	Agent	
ANCHORS, C. LEDON				Hy Kranowitz					
200 W #34 FT. WALTON BEACH, FL 32548				Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER OR., STE 500					
							,	-	
				City FORT LAUDERDALG FL Zip Code 33304					
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 familia								familiar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agerc and site if applicable. (INOTE: Registered Age					required when reinstating)		4/24/ DATE	<u>6)</u>	
PILE NOWIN FEE IS \$150 00 9. Election Campaign Financing \$5.00 May Re									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	\$5.00 May Be Added to Fees							
10.	OFFICERS AND (DIRECTORS Delete	11. TITLE		ADDITION	IS/CHANGES TO OFFI	CERS AND		
NAME	PEDONE, COLOUEL	PEDONE, COLOUEL NAM						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	P O BOX 572			T ADDRESS					
TITLE	NEW YORK, NY 10156	Delete	CATY-S		VP			Change Ch	C) Addition
NAME	PEDONE, STEPHEN V.	C) Delete	NAME	I	PEDONE. ST	ONE, STEPHEN V.			Addition
STREET ADDRESS CITY-S1-ZIP	·				135 WEST 82ND ST., APT 5B NEW YORK, NY 10024				
IfflE			CITY-S	S1-ZIP F		Ny 10024		☐ Change	Od Addition
NAME		L Delete	NAME	'n	MERRIE DAN		—		OS Addition
STREFT ADDRESS CITY-S7-ZIP			STREET CITY - S		izo east : 1ew york,1	34TH STREET,	HPI	11-H	
TITLE		☐ Delete	TITLE	51-21F	15 W JOKK,	19 10016		☐ Change	Addition
NAME		_ Delete	NAME					crange	C) Voortigit
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	CITY-S	51-211		7-7-		☐ Change	Addition
NAME		□ Delete	NAME					□ Grange	☐ Xooxion
STREET ADDRESS CITY-ST-ZIP	Y 30 - 41		STREET CITY-S	T ADDRESS					
TITLE	18-14	☐ Delete	TITLE	31-216				☐ Change	☐ Addition
NAME	· 	_ Delete	NAME					country c	مانانانانان ب
STREET ADORESS 1				T ADDRESS					Ì
	certify that the information supplied with	this filing does not qualify to	cny-s		tained in Chapter	119 Florida Statutas I	further con	tily that the '-	lormation
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.									