2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 475822

1. Entity Name
XELOR ENTERPRISES, INC.

Principal Place of Business
9195 NW 101 ST
MEDLEY, FL 33178

Mailing Address
9195 NW 101 ST
MEDLEY, FL 33178 US

DO NOT WRITE IN THIS SPACE

03022006 No Fee P CR2E034 (11/05)

4. FEI Number
59-1605165

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALENZUELA, FRANK
9195 N.W. 101 STREET
MEDLEY, FL 33178

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000543998
05/11/06-80019-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALENZUELA, FRANK
STREET ADDRESS	9195 N.W. 101 STREET
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	SVP
NAME	PALENZUELA, ELIZABETH
STREET ADDRESS	9195 N.W. 101 STREET
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/13/06 305-863-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #