


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90032 046 \*\*\*150.00

<b>DOCUMENT # F02000005591</b>	
1. Entity Name <b>XCHANGE CITY INC.</b>	

Principal Place of Business <b>33E VENETIAN WAY STE. 76 MIAMI BEACH, FL 33139</b>	Mailing Address <b>33E VENETIAN WAY STE. 76 MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business <b>8958 Dickens Av.</b>	3. Mailing Address <b>8958 Dickens Av.</b>
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State <b>Surfside, FL</b>	City & State <b>Surfside, FL</b>
Zip <b>33154</b>	Country <b>USA</b>



04062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4056190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NORES, ALVARO 33E VENETIAN WAY STE. 76 MIAMI BEACH, FL 33139</b>	7. Name and Address of New Registered Agent Name <b>Alvaro Nores</b> Street Address (P.O. Box Number is Not Acceptable) <b>8958 Dickens Av.</b> City <b>Surfside</b> FL Zip Code <b>33154</b>
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*only changing  
address* →

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 *Alvaro Nores* DATE **04/05/04**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDVP NORES, ALVARO 33E VENETIAN WAY STE. 76 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8958 Dickens Av Surfside FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORES, ALVARO 33E VENETIAN WAY STE. 76 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8958 Dickens Av Surfside, FL, 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NUL, DARIO 17000 NORTH BAY BLVD #1010 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8958 Dickens Av Surfside, FL, 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alvaro Nores* **04/05/04** **305-458-0193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #