2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# F02000005591

Entity Name: XCHANGE CITY INC.

Current Principal Place of Business:

8958 DICKENS AVE
SURFSIDE, FL 33154

New Principal Place of Business:

17050 N BAY RD #1106
SUNNY ISLES, FL 33160

Current Mailing Address:

8958 DICKENS AVE
SURFSIDE, FL 33154

New Mailing Address:

17050 N BAY RD #1106
SUNNY ISLES, FL 33160

FEI Number: 13-4056190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORES, ALVARO
8958 DICKENS AVE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

NUL, DARIO
17050 N BAY RD #1106
SUNNY ISLES, FL 33160 US

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: DARIO NUL 03/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDVP ( ) Delete
Name: NORES, ALVARO
Address: 8958 DICKENS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: S ( ) Delete
Name: NORES, ALVARO
Address: 8958 DICKENS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: DPT (X) Delete
Name: NUL, DARIO
Address: 8958 DICKENS AVE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDVP (X) Change ( ) Addition
Name: NUL, DARIO
Address: 17050 N BAY RD #1106
City-St-Zip: SUNNY ISLES, FL 33160

Title: SPT (X) Change ( ) Addition
Name: NUL, DARIO
Address: 17050 N BAY RD #1106
City-St-Zip: SUNNY ISLES, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARIO NUL P 03/04/2005
Electronic Signature of Signing Officer or Director Date