2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 31, 2007 00:00
	MENT # F29607			Secretary of Sta
1. Entity Nam	XPORTS, INC.			
Proping Disc	ce of Business	Mailine Address	O NE L	-
6352 NW 17		Mailing Address 103 NORTH CRABTREE KNO	Н	
MIAMI, FL 3		CHAPEL HILL, NC 27514	US	
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	• •			01052007 No Chg-P CR2E034 (11/05)
	O NOT WRI	TE IN THIS SPA	CE	
				4. FEI Number Applied For 59-2091391 Not Applicable
	v · · ·			5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				
BATARSE	, JOSE ENRIQUE		, ,	DO NOT WRITE
6352 NW 173RD STREET MIAMI, FL 33015				DO NOT WRITE
IVIIAIVII, FL	. 33015		.,	IN THIS SPACE
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 obligat	tions of registered agent.			
SIGNATURE				
9. Election Campaign Financing \$5.00 May Be				
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$5	· -		i.00 May Be ged to Fees
10.		AND DIRECTORS	ş	4 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×
TITLE NAME	PD BATARSE, JOSE ENRIQUE	•		
SIREET ADDRESS	6352 NW 173 STREET			
CITY-ST-ZIP	MIAMI, FL 33015			
TITLE NAME			·	U00000613402 02/05/07-80036-022 150.00
STREET ADDRESS			1	U2/U5/U7-80U36-U22 150.UU
CITY-ST-ZIP				
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE			- ∦ ′	IN THIS SPACE
NAME STREET ADDRESS			·	IN THIS SPACE
CITY-ST-ZIP			•	6 W-
TITLE				
NAME STREET ADDRESS			1	•
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TITLE		, "		
NAME STREET ADDRESS			,	
CITY-ST-ZIP				
12. I hereby of indicated	certify that the information supplied I on this report or supplemental rep	d with this filing does not qualify for the coort is true and accurate and that my sign	exemptions contained nature shall have the	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director
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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _