

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 002 ***150.00

20002449



01062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0097521

Applied For	
Not Applicable	

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

DOCUMENT # K47585

1. Entity Name
SINGER & XENOS, INC.



Principal Place of Business 800 DOUGLAS RD. SUITE 148 750 CORAL GABLES, FL 33134	Mailing Address 800 DOUGLAS RD. SUITE 148 750 CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent

SINGER, MARC CFP
800 DOUGLAS RD.
SUITE 148 750
CARAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 *[Signature]*

1/6/06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGER, MARC H.	
STREET ADDRESS	800 DOUGLAS RD. SUITE 148	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	XENOS, FAITH READ	
STREET ADDRESS	800 DOUGLAS RD. SUITE 148	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

1-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #