


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90296 011 ***150.00

DOCUMENT # M37322			
1. Entity Name X.O. #1 CORPORATION			
Principal Place of Business 8800 SW 104 STREET MIAMI, FL 33176 US		Mailing Address 8800 SW 104 STREET MIAMI, FL 33176 US	
2. Principal Place of Business 2127 BRICKELL AVENUE Suite, Apt. #, etc. #2301 City & State MIAMI, FL		3. Mailing Address 2127 BRICKELL AVENUE Suite, Apt. #, etc. #2301 City & State MIAMI, FL	
Zip 33129		Country U.S.A.	
6. Name and Address of Current Registered Agent PEQUENO, TOMAS 8800 SW 104 STREET MIAMI, FL 33176		7. Name and Address of New Registered Agent Name MILADY PEQUENO Street Address (P.O. Box Number is Not Acceptable) 2127 BRICKELL AVENUE, #2301 City MIAMI FL Zip Code 33129	
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: <i>Milady Pequeno</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-19-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEQUENO, TOMAS 8800 SW 104 STREET MIAMI, FL <input checked="" 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	STD PEQUENO, GLADYS 8800 SW 104 STREET MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEQUENO, GLADYS 2127 BRICKELL AVENUE, #2301 MIAMI, FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEQUENO, MYLADY 8800 SW 104 STREET MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PEQUENO, MYLADY 2127 BRICKELL AVENUE, #2301 MIAMI, FL 33129 <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
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: <i>Milady Pequeno</i>		4-19-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	