


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90146 032 ****61.25

DOCUMENT # N04000004810	
1. Entity Name XCEL WEDDING CHAPEL SERVICES, INC.	

Principal Place of Business 2933 NW 49TH ST MIAMI, FL 33142	Mailing Address 2933 NW 49TH ST MIAMI, FL 33142
---	---

30040363

2. Principal Place of Business <i>2933 N.W. 49th St</i>	3. Mailing Address <i>2933 NW 49th St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05122006 Chg-NP CR2E037 (4/06)

City & State <i>Miami, Florida</i>	City & State <i>Miami, FL</i>	4. FEI Number 61-1470502	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33142</i>	Country <i>USA</i>	Zip <i>33142</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent GILBERT, KAREN 2933 NW 49TH ST MIAMI, FL 33142		7. Name and Address of New Registered Agent <i>Karen E. Gilbert</i> <i>(disregard)</i> <i>2933 N.W. 49th St</i> <i>Miami</i> <i>FL</i> <i>33142</i>	
---	--	---	--

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>Karen E. Gilbert</i>	DATE <i>5-28-06</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, TALLULAH 2933 NW 49TH ST MIAMI, FL 33142 <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	D <i>Treasurer</i> JOHNSON, ALVENA 2933 N.W. 49TH STREET MIAMI, FL 33142 <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	P GILBERT, KAREN 2933 NW 49TH ST MIAMI, FL 33142 <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	V YOUNG, LINDA G. 14135 NORTH MIAMI AVE. MIAMI, FL 33168 <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 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 617, 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>Karen E. Gilbert</i>	DATE: <i>5-28-06</i> DAYTIME PHONE: <i>305-635-7016</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	