2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90063 027 ****61.25

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1. Entity Name
XCEL WEDDING CHAPEL SERVICES, INC.

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

04042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
99 N.W. 183rd St. Ste 241	
Suite, Apt. #, etc 241	Suite, Apt. #, etc
City & State Miami Gardens, FL	City & State
Zip 33169 Country USA	Zip Country

4. FEI Number
61-1470502
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILBERT, KAREN 2933 NW 49TH ST MIAMI, FL 33142	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, TALLULAH		NAME	
STREET ADDRESS	2933 NW 49TH ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ALVENA		NAME	
STREET ADDRESS	2933 N.W. 49TH STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILBERT, KAREN		NAME	
STREET ADDRESS	2933 NW 49TH ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUNG, LINDA G.		NAME	
STREET ADDRESS	14135 NORTH MIAMI AVE.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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: Karen Gilbert 4.4.08 786.267.4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #