2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90187 019 ***150.00

DOCUMENT # P00000034792

1. Entity Name
XO INC.

Principal Place of Business
15654 S.W. 16 CT.
PEMBROKE PINES, FL 33027

Mailing Address
15654 S.W. 16 CT.
PEMBROKE PINES, FL 33027

40080958

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

4. FEI Number 65-0998295 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SNAPP, MICHELLE O
15654 S.W. 16 CT.
PEMBROKE PINES, FL 33027

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME O'BRIANT, GEORGE M STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME OBRAINT, XIOHARA STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33027	☐ Delete	TITLE TD NAME O'BRIANT, XIOMARA STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33027	☒ Change ☐ Addition
TITLE VPD NAME O'BRIANT, MICHELLE S STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33027	☐ Delete	TITLE VPD NAME STEWART, MICHELLE STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL. 33027	☒ Change ☐ Addition
TITLE SD NAME O'BRIANT, XIOMARA M STREET ADDRESS 15654 S.W. 16 CT. CITY-ST-ZIP PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: Xiomara M. O'Briant / XIOMARA M. O'BRIANT 4-15-2007 (954) 430-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #