2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # P00000111011 Apr 13, 2005 08:00 AM Secretary of State 1. Entity Name OXCOM LIMITED, INC. Principal Place of Business Mailing Address 2641 SW 96TH AVENUE POST OFFICE BOX 520822 MIAMI, FL 33165 MIAMI, FL 33152-0822 CR2E034 (10/03) 04062005 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 65-1058820 Not Applical \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARRILLO, MARIA A DO NOT WRITE 2641 SW 96TH AVENUE MIAMI, FL 33165 IN THIS SPACE 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 access 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CARRILLO, MARIA A NAME STREET ADDRESS 2641 SW 96TH AVENUE CITY-ST-ZIP MIAMI, FL 33165 U00000302003 04/13/05-80054-019 150.00 TITLE NAME STREET ANDRESS CITY-ST-ZIP 3.ITT STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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. mana a Carrielo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR