FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017655

1. Entity Name: X-Port Global, Corp

FILED
04 MAR 30 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
862 S.W. 12 Ct		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami, FL	City & State	
Zip: 33135 Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0830025 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Carlos E Garcia
Street Address (P.O. Box Number is Not Acceptable): 862 S.W. 12 Ct
City: Miami FL Zip Code: 33135

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: Carlos Garcia

2000032646432
04/14/04--01004--011 **450.00

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Pd
NAME	Carlos E Garcia
STREET ADDRESS	862 S.W. 12 Ct
CITY-ST-ZIP	Miami, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Garcia 3/9/04 786-223-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003 or any other notice from the Division of Corporations in respect with the Corporation **X-PORT GLOBAL, CORP**

Thank you for your courtesy in this matter.

Carlos Garcia

CARLOS E GARCIA
PRESIDENT