2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017655

City-St-Zip:

FILED Feb 24, 2006 Secretary of State

Entity Nar	ne: X-PORT	GLOBAL, CORP.					
Current Principal Place of Business:				New Principal Place of Business:			
862 SW 12 CT. MIAMI, FL 33135				1265 MARSEILLE DR #131 MIAMI BEACH, FL 33141			
Current Mailing Address:				New Mailing Address:			
862 SW 12 CT. MIAMI, FL 33135			1265 MARSEILLE DR #131 MIAMI BEACH, FL 33141				
FEI Number:	20-0830025	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GARCIA, CARLOS E 862 SW 12 CT MIAMI, FL 33135 US				GARCIA, CARLOS E 1265 MARSEILLE DR #131 MIAMI BEACH, FL 33141 US			
The above in the State	named entity of Florida.	submits this statement for the	purpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE:				02/24/2006			
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (GARCIA, CARI 862 SW 12 CT MIAMI, FL 33			Title: Name: Address: City-St-Zip:		(X) Change () Addition ARLOS E SEILLE DR #131 CH, FL 33141	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition DIRA M SEILLE DR #131 CH, FL 33141	
Title: Name: Address:	() Delete		Title: Name: Address:	SC PEREIRA, 1265 MARS	()Change(X)Addition BARBARA SEILLE DR #131	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI BEACH, FL 33141

SIGNATURE: CARLOS E. GARCIA PD 02/24/2006