2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058573

Entity Name: THE XONE GROUP, CORP.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

16300 NE 19 AVENUE 235 MIAMI, FL 33162

FEI Number: 65-1166117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: BUGIN, ISABEL Name: BUGIN, ISABEL

Address: 16300 NE 19 AVE., STE. 235 Address: 16300 NE 19 AVE., STE. A

City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

Title: DVP () Delete Title: DVP (X) Change () Addition Name: RANCATI, ALBERTO Name: RANCATI, ALBERTO

Address: 16300 NE 19 AVE., STE. 235 Address: 16300 NE 19 AVE., STE. A City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 ERLITZ, MARCELO
 Name:
 ERLITZ, MARCELO

 Address:
 16300 NE 19 AVE., STE. 235
 Address:
 16300 NE 19 AVE., STE. A

City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

Title: DS () Delete Title: DS (X) Change () Addition

Name: MORGENSTERN, PAULA Name: MORGENSTERN, PAULA Address: 16300 NE 19 AVE., STE. 235 Address: 16300 NE 19 AVE., STE. A

City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 GARBER, MIGUEL
 Name:
 GARBER, MIGUEL

 Address:
 16300 NE 19 AVE., STE, 235
 Address:
 16300 NE 19 AVE., STE, A

City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MIGUEL GARBER D 04/15/2005