2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061139

Entity Name: X-45, CORPORATION

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11901 SW 144 COURT 7707 ANDES LANE PARKLAND, FL 33067

BAY#2

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

11901 SW 144 COURT 7707 ANDES LANE

BAY #2 PARKLAND, FL 33067 US MIAMI, FL 33186

FEI Number: 65-1151938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

KUNCZ, VANESSA SANZ, PIEDAD 7707 ÁNDES LANE 11901 SW 144 COURT PARKLAND, FL 33067 **BAY #2** US

MIAMI, FL 33186 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: SANZ PIEDAD 03/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

KUNCZ, VANESSA Name: 11901 SW 144 CT, BAY #2, Address:

City-St-Zip: MIAMI, FL 33186

Title: DS () Delete

Name: KUNCZ, KARLA

11901 SW 144 CT, BAY #2, Address:

MIAMI, FL 33178 City-St-Zip:

Title: DVP () Delete KUNCZ, OCTAVIO Name: 11901 SW 144 CT, BAY #2, Address:

City-St-Zip: MIAMI, FL 33186

Title: DT (X) Delete

SANZ, PIEDAD Name: Address: 11901 SW 144 CT, BAY #2,

City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: (X) Change () Addition

SANZ, PIEDAD Name: 7707 ANDES LANE Address: City-St-Zip: PARKLAND, FL 33067 US

Title: DS (X) Change () Addition

Name: KUNCZ, KARLA 7707 ANDES LANE Address: PARKLAND, FL 33067 US City-St-Zip:

Title: (X) Change () Addition DVP

KUNCZ, OCTAVIO Name: 7707 ANDES LANE Address: City-St-Zip: PARKLAND, FL 33067 US

Title: () Change () Addition

Name: Address: City-St-Zip:

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: SANZ PIEDAD DP 03/14/2005