2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000093951

1. Entity Name
XIOMAL RAPID MOBILITY, INC.

Principal Place of Business	Mailing Address
221 N W 66TH AVE	221 N W 66TH AVE
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1145411	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, XIOMARA
221 NW 66TH AVE
HOLLYWOOD, FL 33024

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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 accept 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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MALDONADO, XIOMARA
STREET ADDRESS	221 N W 66TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33024

TITLE	
NAME	
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CITY-ST-ZIP	

U00000599214
01/25/07-80017-015 8.75

U00000599214
01/25/07-80017-016 150.00

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IN THIS SPACE

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

SIGNATURE

JAN 11-2007 (954) 793-7960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #