

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90409 014 ***150.00

DOCUMENT # P01000096950					
1. Entity Name XYLENA UNLIMITED, INC.					
Principal Place of Business 14307 SE 179TH AVENUE CROSS CREEK FL 32640			Mailing Address 14307 SE 179TH AVENUE CROSS CREEK FL 32640		
2. Principal Place of Business - No P.O. Box # 14307 SE 179TH AVENUE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cross Creek FL		City & State		4. FEI Number 04-3598318	
Zip 32640		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APOTHELOZ, CLAIRE-LYNE 14307 SE 179TH AVENUE CROSS CREEK FL 32640			7. Name and Address of New Registered Agent Name <u>u/a</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
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 <u>Claire-Lyne Apotheloz</u> DATE <u>3/14/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D E APOTHELOZ, CLAIRE-LYNE 14307 SE 179TH AVENUE CROSS CREEK FL 32640	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Claire-Lyne Apotheloz</u> <u>3/14/2007</u> <u>352 4665061</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					