2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000096950

1. Entity Name

XYLENA UNLIMITED, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90242 023 ***150.00

Principal Place of Business 209 HARRIS AVE						,		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For No. Applicable S. Certificate of Status Desired S. R.75 Additional Fee Required Fee	2509 HARRIS	AVE.	2509 HARRIS AVE.			···		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For No. Applicable S. Certificate of Status Desired S. R.75 Additional Fee Required Fee								
City & State Country Coun	2. Principal F	Place of Business	3. Mailing Address				HILO BILLO IOIBI	EIIH 8811 1881
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required See Required	Suite, Apt	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
Size	City & Sta	ee	City & State			4. FEI Number 04-3598318		`
ABERLE, CLAIRE-LYNE A 2509 HARRIS AVE. KEY WEST FL 33040 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and blief applicable. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP ABERLAGORESS CITY-ST-ZIP Change Addition AMAE STREET ADDRESS CITY-ST-ZIP AMAE STREET ADDRESS CITY	Zip	Country Zip		Cour	ntry		\$8.75 Ad	ditional
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Street Address (P.O. Box Number is Not Acceptable) City FL 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 Claire Lyne Aberle 4-27-03 Signature, hyper or printer have of registered agent and title it applicable. (NOTE: Registered Agent signature required when referation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ABERLE, CLAIRE-LYNE A STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete	APPLE OF APPLANCE				Name			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Clair - Guest -					•			
The obligations of registered agent. SIGNATURE Claire - Lyne Aberle	,,_, ,,_,				City	FL	Zip Cod	e
SIGNATURE CLaire - Lune Abell Claire - Lyne Aberle 4-27-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET								
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12. Hereby certify that the information supplied with this filing does not qualify 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 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:

Claire-Lyne Aberle