

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000099426

1. Entity Name

XYZNYL CORPORATION

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 005 ***150.00

Principal Place of Business	Mailing Address
3660 NE 18TH TER., STE. #208 POMPANO BEACH FL 33064	3660 NE 18TH TER., STE. #208 POMPANO BEACH FL 33064

2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH FL 33064		Name TAX HOUSE CORPORATION Street Address (P O. Box Number is Not Acceptable) 531 E. SAMPLE ROAD City POMPANO BEACH FL Zip Code 33064	

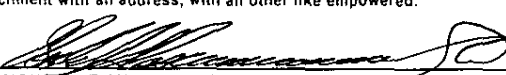
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: 04/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2003 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASCIMENTO, IRACEMA KNUPP 11208 NW 73RD STREET MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASCIMENTO, IRACEMA KNUPP 19745 BLACK OLIVE LANE BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT DATE: 04.24.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #