


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90089 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000111598			
1. Entry Name XCADA ENTERPRISES, INC.			
Principal Place of Business 5220 NW 72ND AVE. BAY 19 MIAMI, FL 33166		Mailing Address 5220 NW 72ND AVE. BAY 19 MIAMI, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LONDONO, LEONARDO 5220 NW 72ND AVE. BAY 28 MIAMI, FL 33166		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
8. The above named entity certifies that the obligations of registered agent statements for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept			
SIGNATURE _____ DATE _____			
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when applicable.)			
FILE NOW! FEE IS \$130.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(h), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LONDONO, LEONARDO 5220 NW 72 AVE, BAY 19 MIAMI, FL 33166	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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 or person authorized to execute the 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 information.			
SIGNATURE: <u>Leonardo Londono</u>		5-3-05	
SIGNATURE (THIS FIELD IS MANDATORY FOR THE SIGNING OFFICER OR DIRECTOR)		Date	

40082779



05022005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1164910** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required