

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 034 ***150.00

DOCUMENT # P01000115424
 1. Entity Name
 XTENDER AUTOMOTIVE CORP.



Principal Place of Business: 6966 NW 50TH ST. MIAMI, FL 33166
 Mailing Address: 6966 NW 50TH ST. MIAMI, FL 33166

40051191



2. Principal Place of Business: 11421 NW 39th STREET
 Suite, Apt. #, etc.
 3. Mailing Address: SAME
 Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)

City: Doral, FL
 City & State

4. FEI Number: 01-0590850
 Applied For: Not Applicable

Zip: 33178
 Country: MIAMI-DADE

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

6. Name and Address of Current Registered Agent
 MARIANA, ANTONIO DI
 6966 NW 50TH ST.
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): 11421 NW 39th STREET
 City: Doral FL 33178

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, applicable. (NOTE: Registered Agent signature required when appropriate.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	DI MARIANA, ANTONIO	
STREET ADDRESS	6966 NW 50TH STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, CARINA	
STREET ADDRESS	6966 NW 50TH STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11421 NW 39th STREET	
STREET ADDRESS	Doral, FL 33178	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11421 NW 39th STREET	
STREET ADDRESS	Doral, FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carina Lopez Date: 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR