


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000038762</b> 1. Entity Name <b>XILOX TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>15 WEST STAR ISLAND MIAMI BEACH, FL 33139</b>	Mailing Address <b>15 WEST STAR ISLAND MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)

4. FCI Number <b>13-4218418</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MORAN, OSORIO 15 W STAR ISLAND DR MIAMI BEACH, FL</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

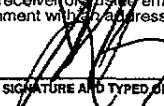
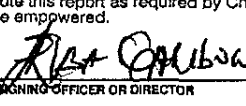
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORAN, NELSON 15 WEST STAR ISLAND DRIVE MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T GAMBOA, ELBA 15 WEST STAR ISLAND DRIVE MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/03/05-80106-024 150.00

12. I 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 which addresses, with all other like empowered.

**SIGNATURE:**   **4/18/05 305672 9585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_