

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000038762

1. Entity Name
XILOX TECHNOLOGIES, INC.



Principal Place of Business
15 WEST STAR ISLAND
MIAMI BEACH, FL 33139

Mailing Address
15 WEST STAR ISLAND
MIAMI BEACH, FL 33139

FILED
Sep 09, 2008 08:00 AM
Secretary of State



08272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4218418
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, OSORIO
15 W STAR ISLAND DR
MIAMI BEACH, FL

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U000000959279
09/09/08-80004-014 550.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORAN, NELSON
STREET ADDRESS 15 WEST STAR ISLAND DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE T
NAME GAMBOA, ELBA
STREET ADDRESS 15 WEST STAR ISLAND DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/2/08 Daytime Phone #