

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 010 ***150.00

DOCUMENT # *P02000056987*
1. Entity Name
XPRIENCE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8360 W. Maylar St.
Suite, Apt. #, etc. *203*
City & State *Miami - FL*
Zip *33144* Country *USA*

3. Mailing Address
Suite, Apt. #, etc. *Same*
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0693637
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PTD Vargas Henry J. 6661 SW 72 St. Miami - FL 33143</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SIB Quiroz Carlos 1544 Plorensia Ave. Coral Gables - FL 33134</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like approvals.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *5/21/03* Daytime Phone #

CR2E034B (12/02)