2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000085715 DOCUMENT #

1. Entity Name XFHP II CORPORATION



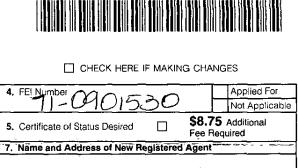
Principal Place of Business 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES FL 33146

Mailing Address 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES FL 33146

2. Principal Place of Business		3. Mailing Addres	s		
Suite, Apt. #, etc.		Suite, Apt. #, etc	C.		
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent					

May 01, 2003 8:00 am Secretary of State

05-01-2003 90788 016 ***150.00



DATE

DE VARONA, RAUL J. S 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES FL 33146

Name				
Street Address (P.O. B	ox Number is Not Accepta	ible)		
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

(NOTE: Registered Agent signature required when rainstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE FERRARO, GUILLERMO NAME NAME 1320 SOUTH DIXIE HWY., STE. 280 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change SAGREDO DE FERRARO, MONICA GIL D NAME NAME 1320 SOUTH DIXIE HWY., STE. 280 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete ☐ Change TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attachmen

SIGNATURE:

305 667 7733