


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90067 010 ***150.00

DOCUMENT # P02000092362

1. Entity Name
XN TRUCKING, INC.



Principal Place of Business
 140 SW. 91ST. AVE.
 107
 PLANTATION, FL 33324

Mailing Address
 140 SW. 91ST. AVE.
 107
 PLANTATION, FL 33324

2. Principal Place of Business - No P.O. Box #
4668 Ross Lanier Ln.

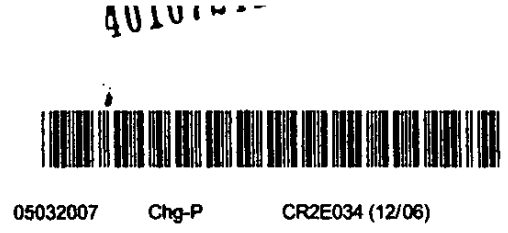
3. Mailing Address
4668 Ross Lanier Ln.

Suite, Apt. #, etc. _____

City & State
Kissimmee FL.

City & State
Kissimmee, FL.

Zip **34758** Country _____



6. Name and Address of Current Registered Agent

CARO-GOMEZ, XAVIER
 140 SW. 91ST. AVE.
 107
 PLANTATION, FL 33324

4. FEI Number
72-1533073

Applied For
 Not Applicable

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

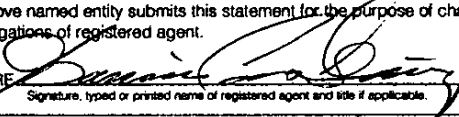
7. Name and Address of New Registered Agent

Name **Caro-Gomez Xavier**

Street Address (P.O. Box Number is Not Acceptable)
4668 Ross Lanier Ln.

City **Kissimmee** **FL** Zip Code **34758**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	CARO-GOMEZ, XAVIER <input type="checkbox"/> Delete	TITLE PD	Xavier Caro-Gomez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARO-GOMEZ, XAVIER	NAME	Xavier Caro-Gomez
STREET ADDRESS	140 SW. 91ST. AVE. APT. 107	STREET ADDRESS	4668 Ross Lanier Ln.
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Kissimmee, FL. 34758
TITLE	STD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARO, NITZA H	NAME	Caro, Nitza H.
STREET ADDRESS	140 SW. 91ST. AVE. APT. 107	STREET ADDRESS	4668 Ross Lanier Ln.
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Kissimmee, FL. 34758
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR