


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-26-2004 91291 033 ***150.00

DOCUMENT # P03000062929 1. Entity Name XPRT CLOSINGS, INC.					
Principal Place of Business 2820 EVERGREEN WAY COOPER CITY, FL 33026			Mailing Address 2820 EVERGREEN WAY COOPER CITY, FL 33026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRILLO, CRISTIAN 2820 EVERGREEN WAY COOPER CITY, FL 33026				Name Cristian Murillo 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 <i>C Murillo</i> DATE 4/7/04 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRILLO, CRISTIAN		NAME	Cristian Murillo	
STREET ADDRESS	2820 EVERGREEN WAY		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRILLO, CRISTIAN		NAME	Cristian Murillo	
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CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
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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 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 with an address, with all other life empowered.					
SIGNATURE: <i>C Murillo</i>			DATE: 4/7/04 954-325-3586		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE Daytime Phone #</small>		

bb440000



04012004 Chg-P CR2E034 (10/03)

4. FEL Number **57-1171016** Applied For ☐ Not Applicable ☐

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

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

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 SIGNATURE *C Murillo* DATE **4/7/04**

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

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CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
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 SIGNATURE: *C Murillo* DATE: **4/7/04** 954-325-3586