

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 026 \*\*\*150.00

<b>DOCUMENT # P03000064063</b> 1. Entity Name <b>X-PAND INTERNATIONAL CORP.</b>					
Principal Place of Business <b>1800 W. 49TH ST. SUITE 301 HIALEAH, FL 33012</b>			Mailing Address <b>1800 W. 49TH ST. SUITE 301 HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>8202 WILES ROAD</b>		3. Mailing Address <b>8202 WILES ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>		4. FEI Number <b>33-1061855</b>	
Zip <b>33067</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIOS, ELSA C 1800 W. 49TH ST. SUITE 301 HIALEAH, FL 33012</b>		7. Name and Address of New Registered Agent Name <b>RIOS, ELSA C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 GLADES CIRCLE, #E102</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33327</b>			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHACIN, MARBELLE 6061 OLD CT RD BOCA PARK #208 BOCA RATON, FL 33433		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIAMMA, MARIA G 6061 OLD CT RD BOCA PARK #208 BOCA RATON, FL 33433		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ITURBE, IBELIZ 6061 OLD CT RD BOCA PARK #208 BOCA RATON, FL 33433		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.					
<b>SIGNATURE:</b> <u>MARIA G. FIAMMA</u> <b>02/02/04</b> <b>561-715-3576</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					