


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90186 049 \*\*\*150.00

<b>DOCUMENT # P03000070752</b>	
1. Entity Name <b>XS REPAIR, INC.</b>	

Principal Place of Business <b>5771 N.E. 14TH AVENUE FORT LAUDERDALE, FL 33334 -6105 US</b>	Mailing Address <b>5771 N.E. 14TH AVENUE FORT LAUDERDALE, FL 33334 -6105 US</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>01-0796239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CANTIN, RICHARD A. 5771 N.E. 14TH AVENUE FORT LAUDERDALE, FL 33334 -6105</b>	

7. Name and Address of New 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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTIN, RICHARD A</b>	NAME	
STREET ADDRESS	<b>5771 N.E. 14TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334 -6105</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVARRO, DANIEL L</b>	NAME	
STREET ADDRESS	<b>5771 N.E. 14TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334 -6105</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARAFARDIN, RAYMER A</b>	NAME	
STREET ADDRESS	<b>5771 N.E. 14TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334 -6105</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 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 to this report, with all other like empowered.

SIGNATURE: 	Date: <b>3-31-05</b>	Daytime Phone #: <b>954 492 8735</b>
--	----------------------	--------------------------------------