


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90549 001 \*\*\*150.00  
05-25-2005 90549 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000080457</b>	
1. Entity Name <b>XORIGINAL, CORP.</b>	

Principal Place of Business <b>2160 SW 16TH AVENUE 420 MIAMI, FL 33145</b>	Mailing Address <b>P.O. BOX 0872 MIAMI, FL 33245-0872</b>
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2. Principal Place of Business <b>23 Bassett Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>23 Bassett Lane</b> Suite, Apt. #, etc.
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City & State <b>PALM COAST, FL</b>	City & State <b>PALM COAST, FL</b>
Zip <b>32137</b> Country <b>USA</b>	Zip <b>32137</b> Country <b>USA</b>



05092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3768018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PINEIRO, RODRIGO F 2160 SW 16TH AVENUE, STE 420 MIAMI, FL 33145</b>
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7. Name and Address of New Registered Agent Name <b>Pineiro, Rodrigo F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>23 Bassett Lane</b> City <b>PALM COAST</b> FL Zip Code <b>32137</b>
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PINEIRO, RODRIGO F 2160 SW 16TH AVENUE MIAMI, FL 33145</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ALFARO, XIMENA N. 23 BASSETT LN. PALM COAST, FL 32137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Pineiro Rodrigo F. 23 BASSETT LN. PALM COAST, FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: <b>Pineiro Rodrigo F.</b>	Date <b>05/23/2005</b>	Daytime Phone # <b>(386) 931-1085</b>
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