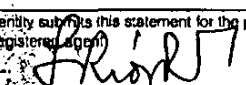
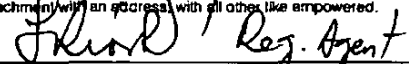


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90001 040 ***158.75

DOCUMENT # P03000083738			
1. Entity Name XSALES, INC.			
Principal Place of Business 7462 NW 23 STREET PEMBROKE PINES, FL 33024		Mailing Address 7462 NW 23 STREET PEMBROKE PINES, FL 33024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2096 NW 74th AVE		Suite, Apt. #, etc. 2096 NW 74th AVE	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL	
Zip 33024 Country USA		Zip 33024 Country USA	
4. FEI Number 20-0126318		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		05022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RIOS, LEOPOLDO J 1800 W 49 STREET STE 301 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name RIOS, LEOPOLDO G. Street Address (P.O. Box Number is Not Acceptable) 2800 GLADES CIRCLE SUITE E-102 City WESTON FL Zip Code 33327	
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 04/30/2005	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, CESAR A ☐ Delete 9620 NW 2 ST #305 PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BELLO, CESAR A. ☒ Change ☐ Addition 641 SW 107 AVE PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, JUAN C ☐ Delete 9620 NW 2 ST #305 PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GONZALEZ, JUAN C. ☒ Change ☐ Addition 2096 NW 74th AVE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & SECRETARY URDANEHA, ROGER ☐ Change ☒ Addition 2096 NW 74th AVE PEMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 04/30/2005 (954) 515-0301	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		DATE Daytime Phone #	

STATE OF FLORIDA
SECRETARY OF STATE