


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000088455
1. Entity Name
XIMACAF DESIGN ENTERPRISE, INC



Principal Place of Business
1765 S.W. 134TH COURT
MIAMI, FL 33186

Mailing Address
1765 S.W. 134TH COURT
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0155088 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONTAXGONZALEZ SERVICE, CORP
4142 W. OAKRIDGE ROAD
ORLANDO, FL 32809

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAFFERATA, XIMENA M 1765 S.W. 134TH COURT MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MEZA, MARTHA P 1765 S.W. 134TH COURT MIAMI, FL 33186 |
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05/05/05-80150-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 05/02/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #