

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90068 034 ***150.00

DOCUMENT # P03000130994 1. Entity Name XION BUSINESS SOLUTIONS CORP			
Principal Place of Business 800 WEST AVENUE 428 MIAMI BEACH, FL 33139 US		Mailing Address 800 WEST AVENUE 428 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business 13800 SW 52 STR		3. Mailing Address 13800 SW 52 STR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIRAMAR FL		City & State MIRAMAR FL	
Zip 33027		Zip 33027	
Country 		Country 	
4. FEI Number 20-0381326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, FABIAN 800 WEST AVENUE 428 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13800 SW 52 STREET City MIRAMAR FL Zip Code 33027	
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 2/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete REZNIK-MEJIA, DEBBIE 800 WEST AVENUE #428 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13800 SW 52 STREET MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		Date 2/23/05 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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