
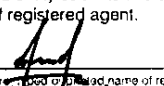
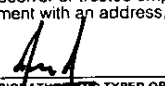


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 048 ***150.00

DOCUMENT # P05000082416 1. Entity Name X & A COMMUNICATIONS, CORP.					
Principal Place of Business 5300 NW 114 AV 103 DORAL, FL 33178			Mailing Address 5300 NW 114 AV 103 DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box # B900 SW 142 AVE Suite, Apt. #, etc. 320		3. Mailing Address PO Box # 227471 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-2977058	
Zip 33186		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33122		Country U.S.A		6. Name and Address of Current Registered Agent PB & LQ FINANCIAL CONSULTING 1101 BRICKELL AV 1801 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name PB & LQ Financial Consulting Street Address (P.O. Box Number is Not Acceptable) 1001 BELLEVUE BAY DR Suite #2408 City MIAMI					
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: MARCH 20, 2007 <small>Signature of individual or dead name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LYNN, ANA 5300 NW 114 AV APT 103 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERS GONZALEZ, AMPARO 5300 NW 114 AV APT 103 MIAMI, FL 33178	<input type="checkbox"/> Delete	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"/> 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 exemptions contained in Chapter 119, 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: MARCH 20, 2007 DAYTIME PHONE #: 305-5889217 <small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					