

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129347

Entity Name: X-CLUSIVE STONES, CORP.

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

3139 MILLWOOD TERRACE  
UNIT M229  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

3139 MILLWOOD TERRACE  
UNIT M229  
BOCA RATON, FL 33431 US

## New Mailing Address:

FEI Number: 20-3493600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, JOHN J  
3139 MILLWOOD TERRACE  
UNIT M229  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

MONTES SARMIENTO, HAROL  
3139 MILLWOOD TERRACE  
UNIT M229  
BOCA RATON, FL 33431 US

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.

SIGNATURE: HAROL SARMIENTO

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: ORTIZ, JOHN JAIRO  
Address: 3139 MILLWOOD TERRACE UNIT M229  
City-St-Zip: BOCA RATON, FL 33431 US

Title: T,D (X) Delete  
Name: MONTES SARMIENTO, HAROL  
Address: 3139 MILLWOOD TERRACE UNIT M229  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: MONTES SARMIENTO, HAROL  
Address: 3139 MILLWOOD TERRACE UNIT M229  
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROL MONTES

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date