


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90142 034 ***155.00

DOCUMENT # P05000139305 1. Entity Name XEVEJK ENTERPRISES, INC.																																																																																																																	
Principal Place of Business 5849 LYNN LAKE DR S #D ST PETERSBURG, FL 33712 US			Mailing Address 5849 LYNN LAKE DR S #D ST PETERSBURG, FL 33712 US																																																																																																														
2. Principal Place of Business 255 Dalton Ct.			3. Mailing Address 255 Dalton Ct.																																																																																																														
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																														
City & State Davenport, FL.			City & State Davenport, FL.																																																																																																														
Zip 33897		Country USA		4. FEI Number 203621297																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																															
6. Name and Address of Current Registered Agent ACOSTA, GOBERTH 5849 LYNN LAKE DR S #D ST PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$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.																																																																																																																	
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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:  GOBERTH ACOSTA (PRESIDENT) 7-12-06 (727) 723-4390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	