## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 07, 2006 8:00 am Secretary of State 09-07-2006 90012 045 \*\*\*150.00

| DOCUMENT # P05000147816  1. Entity Name X X X ENTERPRISES,INC.  |  |                               |                        |               |              |  | 09-07-2  | 006 90012                             | 2 045 ***15               | 50.00                                  |
|---|--|-------------------------------|------------------------|---------------|--------------|--|--|---------------------------------------|---------------------------|--|
| Principal Plac  | e of Business  | Mailing Address               | iling Address          |               |              |  |  |                                       |                           |  |
|   | UREN STREET  |                               | 3800 VAN BUREN STREET  |               |              |  |  |                                       |                           |  |
| APT 111<br>HOLLYWOOD  | . FL 33021 US  | APT 111<br>HOLLYWOOD, FL 330: | HOLLYWOOD, FL 33021 US |               |              |  |  |                                       |                           |  |
|   |  |                               | ·                      |               |              |  |  |                                       |                           |  |
| 2. Principal P  | lace of Business   | 3. Mailing Address            |                        |               |              |  | LAIRI BHU FAUU LA  |                                       |                           |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.           | Suite, Apt. #, etc.    |               |              | 07192006   | Chg-P  | CR2E                                  | E034 (11/05)              |  |
| City & State  | 9  | City & State                  | City & State           |               |              | 4. FE! Number 20 -   | 37322  | 94                                    | - I                       | plied For<br>Applicable                |
| Zip   | Country Zip  |                               | Coun                   | try           |              | 5. Certificate   | of Status Desir  | De De                                 | \$8.75 Add<br>Fee Require |  |
|   | 5. Name and Address of Current   | Registered Agent              |                        |               |              | 7. Name and  | Address of No  | w Registere                           | d Agent                   |  |
| NACEY, SCOTT  3800 VAN BUREN STREET  APT 111  |  |                               |                        |               |              | P.O. Box Number  | NIZE<br>or is Not Accep  | TNC<br>table)                         | Siott                     | KEY                                    |
|   | OOD, FL 33021  |                               | 3500                   |               |              | WASh   | Maa  | S+                                    | <i>+H</i> #               | 417                                    |
|   |  |                               |                        | City /        | 011          | uwooc  | A CONTRACTOR OF THE PARTY OF TH | F                                     | L Zip Cod                 | 3021                                   |
| 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   |  |                               |                        |               |              |  |  |                                       |                           |  |
| FILE NOW!!! FER IS \$150.00 9. Election Ca. Due by September 6, 2006 Trust Fund 6   |  |                               |                        |               |              | .00 May Be ed to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |                                       |                           |  |
| 10.   | OFFICERS AND DIRECTORS 1   |                               | 11.                    |               |              | ADDITIONS/   | CHANGES TO   | OFFICERS A                            | ND DIRECTORS              | S IN 11                                |
| TITLE   | PD   |                               |                        |               |              |  |  |                                       | ☐ Change                  | Addition                               |
| NAME<br>STREET ADORESS  | · ·  |                               | MAM                    | ET ADORESS    |              |  |  |                                       |                           |  |
| CITY-ST-ZIP   |  |                               |                        | -ST-ZIP       |              |  |  |                                       |                           | ľ                                      |
| TITLE   | VP   | Defete                        | Defete TITL            |               |              |  |  | · · · · · · · · · · · · · · · · · · · | ☐ Change                  | Addition                               |
| NAME  | NACEY, MELISSA   |                               | NAM                    |               |              |  |  |                                       |                           | -                                      |
| STREET ADDRESS  |  |                               |                        | ET ADDRESS    |              |  |  |                                       |                           |  |
| CITY - ST - ZIP   |  |                               | -1-                    | -SI-ZIP       | <del>.</del> |  |  |                                       |                           | —————————————————————————————————————— |
| TITLE<br>NAME   | ☐ Delete   |                               | TITLE<br>NAM           |               |              |  |  |                                       | ☐ Change                  | Addition :                             |
| STREET ADDRESS  | II.  |                               |                        | ET ADDRESS    |              |  |  |                                       |                           | í                                      |
| CITY-ST-ZIP   |  |                               | CITY                   | -ST-ZIP       |              |  |  |                                       |                           |  |
| TITLE   | ☐ Delete   |                               | TITLE                  | TITLE         |              |  |  |                                       | ☐ Change                  | ☐ Addition                             |
| NAME<br>STREET ADDRESS  |  |                               | NAM                    |               |              |  |  |                                       |                           |  |
| CITY-ST-ZIP   |  |                               | ET ADDRESS<br>- ST-ZIP |               |              |  |  |                                       | ļ                         |  |
| TITLE   | ☐ Delete 11TL  |                               | <u> </u>               |               |              |  |  | Change                                | Addition                  |  |
| NAME  |  |                               | NAM                    | 1             |              |  |  |                                       |                           |  |
| STREET ADDRESS  |  |                               |                        | ET ADDRESS    |              |  |  |                                       |                           |  |
| CITY-ST-ZIP   |  |                               |                        | -\$1-ZIP      |              |  |  |                                       |                           |  |
| TITLE<br>NAME   | <del></del>  |                               | TITLE                  | I             |              |  |  |                                       | ☐ Change                  | Addition                               |
| STREET ADDRESS  |  |                               |                        | ET ADORESS    |              |  |  |                                       |                           |  |
| C1TY-ST-ZIP   | <del></del>  |                               | CITY                   | -\$1-7IP      |              |  |  |                                       |                           |  |
| 12. I hereby of indicated   | certify that the information supplied with<br>on this report or supplemental report is | true and accurate and that    | my signal              | ture shall ha | ive the s    | in Chapter 119<br>same legal effect  | t as if made un  | der oath; that                        | ertify that the in        | oformation<br>or director              |

FFICER OR DIRECTOR