

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164578

FILED
Mar 26, 2008
Secretary of State

Entity Name: XP HAULING SERVICES, INC.

Current Principal Place of Business:

10099 NW 89 AVE
BAY #1
MEDLEY, FL 33178

New Principal Place of Business:

8210 N.W 191 STREET
APT H
MIAMI, FL 33015

Current Mailing Address:

10099 NW 89 AVE
BAY #1
MEDLEY, FL 33178

New Mailing Address:

8210 N.W 191 STREET
APT H
MIAMI, FL 33015

FEI Number: 72-1610038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XIMENO, BEATRIZ
10099 NW 89 AVE
BAY #1
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

XIMENO, BEATRIZ
8210 N.W 191 STREET
APT H
MIAMI, FL 33015 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:

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, ROBERTO MARTIN
Address: 3346 TORREMOLINOS
City-St-Zip: MIAMI, FL 33178

Title: VPD () Delete
Name: XIMENO, RICARDO
Address: 8210 NW 191 STREET, APT H
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: XIMENO, BEATRIZ
Address: 8210 NW 191 STREET, APT H
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BEATRIZ XIMENO

SD

03/26/2008

Electronic Signature of Signing Officer or Director

Date