

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000111902

Entity Name: XILIENCE, INC.

FILED
Jul 24, 2007
Secretary of State**Current Principal Place of Business:**401 EAST LAS OLAS BLVD.
130
FORT LAUDERDALE, FL 33301 US**New Principal Place of Business:**20191 NE 16TH PLACE
MIAMI, FL 33179 US**Current Mailing Address:**401 EAST LAS OLAS BLVD.
130
FORT LAUDERDALE, FL 33301 US**New Mailing Address:**20191 NE 16TH PLACE
MIAMI, FL 33179 US

FEI Number: 20-5434119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PATTERSON, WILLIAM T
401 EAST LAS OLAS BLVD.
130
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**BONISKE, JOEL
20191 NE 16TH PLACE
MIAMI, FL 33179 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: JOEL BONISKE

07/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: PATTERSON, WILLIAM T
Address: 401 EAST LAS OLAS BLVD #130
City-St-Zip: FORT LAUDERDALE, FL 33301Title: VP () Delete
Name: SIMON, HAROLD
Address: 8200 HAWTHORNE AVENUE
City-St-Zip: MIAMI BEACH, FL 33141Title: VP (X) Delete
Name: BONISKE, JOEL
Address: 13451 SW 41ST STREET
City-St-Zip: DAVIE, FL 33330**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: SIMON, HAROLD
Address: 20191 NE 16TH PLACE
City-St-Zip: MIAMI, FL 33179Title: VP (X) Change () Addition
Name: BONISKE, JOEL
Address: 20191 NE 16TH PLACE
City-St-Zip: MIAMI, FL 33179Title: () 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: HAROLD SIMON

P

07/24/2007

Electronic Signature of Signing Officer or Director

Date