

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118589

Entity Name: XPC ART, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134

New Principal Place of Business:

4736 NW 114 AVE
UNIT 103
DORAL, FL 33178

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134

New Mailing Address:

4736 NW 114 AVE
UNIT 103
DORAL, FL 33178

FEI Number: 20-5648295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAGEL, JAMES
150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PORTILLA, XAVIER
4736 NW 114 AVE
UNIT 103
DORAL, FL 33178 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: XAVIER PORTILLA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PORTILLA, XAVIER
Address: 150 ALHAMBRA CIRCLE, SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PORTILLA, XAVIER
Address: 4736 NW 114 AVE UNIT 103
City-St-Zip: DORAL, FL 33178

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: XAVIER PORTILLA

PSD

04/30/2007

Electronic Signature of Signing Officer or Director

Date