2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078217

Entity Name: XPERT ELECTRONIC SERVICE, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1650 NORTH FEDERAL HIGHWAY				1301 WEST COP	ANS ROAD		
POMPANO	D BEACH, FL	33062 US		SUITE A4 POMPANO BEAC	H, FL 33064	US	
Current Mailing Address:				New Mailing Add	New Mailing Address:		
1650 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US				1301 WEST COP		110	
EEI Number	: 26-0516934	FEI Number Appli	od For ()	POMPANO BEAC FEI Number Not Applicable (•	US ate of Status Desired ()	
FEI NUITIDEI	. 20-03 10934	rei Number Appli	su roi ()	rendumber Not Applicable () Certific	ate of Status Desired ()	
Name and	Address of C	urrent Registere	d Agent:	Name and Addre	ss of New Reg	jistered Agent:	
2821 NE 1	N, JASON 5TH STREET D BEACH, FL	33062 US					
	named entity se of Florida.	submits this staten	nent for the pur	pose of changing its regis	tered office or I	registered agent, or both,	
SIGNATUI	RE:						
	Electron	ic Signature of Re	gistered Agent			Date	
Election Car	mpaign Financing	Trust Fund Contrib	ution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title:	, ,	Delete		Title:	() Change	() Addition	
Name: Address:	SCHATTEN, AL 1220 NE 27 W			Name: Address:			
City-St-Zip:	POMPANO BEA			City-St-Zip:			
Title:	` '	Delete		Title:	() Change	() Addition	
Name:	SCHATTEN, JA			Name:			
Address: City-St-Zip:	2821 NE 15 ST POMPANO BEA			Address: City-St-Zip:			
Title:	S ()	Delete		Title:	() Change	() Addition	
Name:	SCHATTEN, SH			Name:			
Address:	1220 NE 27 W			Address:			
City-St-Zip:	POMPANO BEA	ACH, FL 33062		City-St-Zip:			
Title:	T ()	Delete		Title:	() Change	() Addition	
Name:	SCHATTEN, LIZ			Name:			
Address:	2832 NE 15TH	STREET		Address:			

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.

City-St-Zip:

SIGNATURE: JASON SCHATTEN VP 01/19/2009

POMPANO BEACH, FL 33062

City-St-Zip: