

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082043

Entity Name: SXS ENTERPRISE, CORP.

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

14896 WILD FLOWER LANE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

14896 WILD FLOWER LANE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-0557372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIMA GOMES, SIRLENE  
14896 WILD FLOWER LANE  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: LIMA GOMES, SIRLENE  
Address: 14896 WILD FLOWER LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPTD  
Name: GOMES MALLMANN, SHEILA  
Address: 14896 WILD FLOWER LANE  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

SIGNATURE: SIRLENE GOMES

PDS

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date