

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052244

Entity Name: XEUS TECHNOLOGIES CORP

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1825 NW 112 AVE.
SUITE 155
MIAMI, FL 33172

New Principal Place of Business:

1835 NW 112 AVE
SUITE 166
MIAMI, FL 33172

Current Mailing Address:

1825 NW 112 AVE.
SUITE 155
MIAMI, FL 33172

New Mailing Address:

1835 NW 112 AVE
SUITE 166
MIAMI, FL 33172

FEI Number: 26-2762578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, NORBERTO J
1825 NW 112 AVE.
SUITE 155
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

MUNOZ, NORBERTO J
1835 NW 112 AVE
SUITE 166
MIAMI, FL 33172 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: NORBERTO J MUNOZ

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MUNOZ, NORBERTO J
Address: 1825 NW 112 AVE.
City-St-Zip: MIAMI, FL 33172

Title: PT () Delete
Name: BARBOZA, NESTOR G
Address: 1825 NW 112 AVE.
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: ESQUIVEL, KARINA
Address: 1825 NW 112 AVE.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BARBOZA, NESTOR G
Address: 1825 NW 112 AVE.
City-St-Zip: MIAMI, FL 33172

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: NORBERTO J MUNOZ

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04/29/2009

Electronic Signature of Signing Officer or Director

Date