2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P96000003932

Entity Name: XAVAN INTERIORS, INC.

Current Principal Place of Business:

XAVAN INTERIORS, INC.
287 W MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

XAVAN INTERIORS, INC.
819 HARBOR DR
KEY BISCAYNE, FL 33149

Current Mailing Address:

XAVAN INTERIORS, INC.
287 W MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

XAVAN INTERIORS, INC.
819 HARBOR DR
KEY BISCAYNE, FL 33149

FEI Number: 65-0632921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSALES, VANESSA
287 W MASHTA DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ROSALES, VANESSA
819 HARBOR DR
KEY BISCAYNE, FL 33149 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: 04/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: ROSALES, VANESSA
Address: 287 W MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVS ( ) Delete
Name: ROSALES, XAVIER
Address: 287 W MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: ROSALES, VANESSA
Address: 819 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVS (X) Change ( ) Addition
Name: ROSALES, XAVIER
Address: 819 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

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 F ROSALES DVS 04/27/2009
Electronic Signature of Signing Officer or Director — Date