2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013791

Entity Name: XOCHI BIOSYSTEMS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2330 WEST NEW HAVEN DR. MELBOURNE, FL 32904				2330 WEST NEW HAVEN DR. WEST MELBOURNE, FL 32904	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2330 WEST NEW HAVEN DR. MELBOURNE, FL 32904			2330 WEST NEW HAVEN DR. WEST MELBOURNE, FL 32904		
FEI Number	: 59-3357842	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2221 PIŃE MELBOUF The above	ROBERT J EAPPLE AV. # 1 RNE, FL 32935 e named entity s e of Florida.	US	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Ago	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	S () LEHMAN, PETE 174 SKYLINE B SATELITE BEAG	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BALBOA MARTI 172 VIRIGINA R W. MELBOURN	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () GOMEZ POSE, 172 VIRGINIA R W. MELBOURN	D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () CHAUDOIN, ZE 3432 MARVEL A TITUSVILLE, FL	AV.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRANCISCO GOMEZ POSE O 04/30/2009