


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90054 043 \*\*\*150.00

**DOCUMENT # P97000012086**

1. Entity Name  
**XEMAX CONSTRUCTION, CORP.**



Principal Place of Business      Mailing Address  
**2061 SW 136 WAY**      **2061 SW 136 WAY**  
**MIRAMAR, FL 33027**      **MIRAMAR, FL 33027**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02152008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0724788**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>DIAZ, ARQUIMEDES M</b> <b>4368 E. 9TH LN.</b> <b>HIALEAH, FL 33013</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code <b>FL</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>DIAZ, ARQUIMEDES M</b> <b>4368 E. 9TH LN.</b> <b>HIALEAH, FL 33013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arquimedes Diaz      **ARQUIMEDES DIAZ**      **PRESIDENT**      **04/03/2008 (305) 345-3186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #