

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 A
Secretary of State

DOCUMENT # P97000045213					
1. Entity Name XHII, INC.					
Principal Place of Business 2800 PONCE DE LEON BLVD #1125 CORAL GABLES FL 33134 US			Mailing Address 2800 PONCE DE LEON BLVD #1125 CORAL GABLES FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0760473	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREIER, ROBERT G 2800 PONCE DE LEON BLVD #1125 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$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	DP CHAPLIN, WAYNE E 2800 PONCE DE LEON BLVD #1125 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> 000000345653 04/30/05-80045-022 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HAGER, LEE F 2800 PONCE DE LEON BLVD #1125 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Wayne E Chaplin* 4/21/05 305-625-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR