

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| DOCUMENT # P98000056158 1. Entity Name XAEL CHARTERS, INC. | | | |  | | FILED 07 APR 12 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 100 BEACON BOULEVARD MIAMI, FL 33135 | | | | Mailing Address 100 BEACON BOULEVARD MIAMI, FL 33135 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 65-0846227 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ALMAGUER-LEVY, XIOMARA 100 BEACON BOULEVARD MIAMI, FL 33135 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 reinstating) DATE _____ | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <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 | C ALMAGUER-LEVY, XIOMARA 100 BEACON BOULEVARD MIAMI, FL 33135 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO ALMAGUER-LEVY, XIOMARA 100 BEACON BOULEVARD MIAMI, FL 33135 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPT CASALS, MERCEDES L 100 BEACON BOULEVARD MIAMI, FL 33135 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS CASALS, ALEJANDRO G 100 BEACON BOULEVARD MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS CASALS, ALEJANDRO G 100 BEACON BLVD MIAMI, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVY, EDDIE B 100 BEACON BOULEVARD MIAMI, FL 33135 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 all other like empowered | | | | | | | |
| SIGNATURE: <i>Mercedes Casals</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date: 3/29/07 (305) 643-2200 | | | |