

**2021 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: F1911256  
Filing Number: 2109203678333  
Filing Date/Time: 09/20/2021 03:59 PM  
Effective Date/Time: 09/20/2021 03:59 PM



1. CORPORATION NAME:  
XTEC, INCORPORATED

DUE DATE: 010/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
KEVIN KOZLOWSKI  
11180 SUNRISE VALLEY DR  
SUITE 310  
RESTON, VA 20191-0000

SCC ID NO.: F191125-6

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 6,000,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
059-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
FL-Florida

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

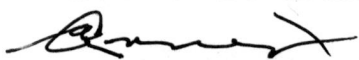
6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 5775 BLUE LAGOON DR. STE 280	ADDRESS:
CITY/ST/ZIP MIAMI, FL 33126-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ALBERTO J FERNANDEZ	NAME:
TITLE: President	TITLE:
ADDRESS: 5775 BLUE LAGOON DR STE 280	ADDRESS:
CITY/ST/ZIP: MIAMI, FL 33126-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ANTONIO ARNER  
PRINTED NAME AND CORPORATE TITLE

9/15/21  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

**2021 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
XTEC, INCORPORATED

DUE DATE: **010/31/21**  
SCC ID NO.: **F191125-6**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: JESUS J BRITO          TITLE: Vice President          ADDRESS: 5775 BLUELAGOON DR SUITE 280          CITY/ST/ZIP: MIAMI, FL 66126-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: KEVIN KOZLOWSKI          TITLE: Vice President          ADDRESS: 11180 SUNRISE VALLEY DR                            STE 310          CITY/ST/ZIP: RESTON, VA 20191-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: ANTONIO ARNER          TITLE: CONTROLLER          ADDRESS: 5775 BLUE LAGOON DR                            STE 280          CITY/ST/ZIP: MIAMI, FL 33126-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

