

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90057 006 \*\*\*150.00

**DOCUMENT # P01000064702**

1. Entity Name  
**EXTREMAX CORPORATION**



Principal Place of Business

**4775 COLLINS AVE APT 1407  
MIAMI, FL 33140**

Mailing Address

**4775 COLLINS AVE APT 1407  
MIAMI, FL 33140**

2. Principal Place of Business

**3705 N.W. 115<sup>th</sup> Ave.**

3. Mailing Address

**3705 N.W. 115<sup>th</sup> Ave.**

Suite, Apt. #, etc.

**Bay 2**

Suite, Apt. #, etc.

**Bay 2**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33178**

Country

**USA**

Zip

**33178**

Country

**USA**

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-1127745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TARUD, FRANCISCO SR  
4775 COLLINS AVE APT 1407  
MIAMI, FL 33140**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TARUD, FRANCISCO SR	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TARUD, SOFIA	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TARUD, FRANCISCO JR	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TARUD, SOFY	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TARUD, KAREN	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TARUD, CINDY	
STREET ADDRESS	4775 COLLINS AVE APT 1407	
CITY-ST-ZIP	MIAMI, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/04

305-716-9994

Date

Daytime Phone #