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PROFESSIONAL

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90312 004 ***150.00

DOCUMENT # P02000129640																																																																																																																													
1. Entity Name EXTREME PROPERTY, INC.																																																																																																																													
Principal Place of Business 1760 WEST 41ST #B HIALEAH, FL 33012			Mailing Address 1760 WEST 41ST #B HIALEAH, FL 33012																																																																																																																										
2. Principal Place of Business			3. Mailing Address																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country	Zip		Country																																																																																																																								
4. FEI Number 55-0808936			Applied For ☐ Not Applicable																																																																																																																										
5. Certificate of Status Desired ☐			\$0.75 Additional Fee Required																																																																																																																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																										
RODRIGUEZ, REINALDO 1760 WEST 41ST, SUITE B HIALEAH, FL 33012			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)																																																																																																																													
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																																																																																																																													
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																													
10. OFFICERS AND DIRECTORS																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(8)(f), 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																																																																																																																													

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