


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 006 ***158.75

DOCUMENT # P95000089336 1. Entity Name EXTREME OF SOUTH FLORIDA, INC.																													
Principal Place of Business 13048 SW 24TH ST MIRAMAR, FL 33027-2629			Mailing Address 13048 SW 24TH ST MIRAMAR, FL 33027-2629																										
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 65-0624327		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent BAEZ, VIVIAN 7700 N.W. 193RD TERRACE MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name VIVIAN BAEZ Street Address (P.O. Box Number is Not Acceptable) 13048 S.W. 24th. Street City Miramar FL Zip Code 33027-2629																										
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 <u><i>Vivian Baez</i></u> Vivian Baez 03/09/07 <small>Signature, typed or printed name of registered agent is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEAZ, VIVIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7700 N.W. 193RD TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIRAMAR, FL 33025</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BEAZ, VIVIAN		STREET ADDRESS	7700 N.W. 193RD TERRACE		CITY - ST - ZIP	MIRAMAR, FL 33025		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">[X] Change <input type="checkbox"/> Addition</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13048 S.W. 24th Street</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miramar, FL 33027-2629</td> <td></td> </tr> </table>			TITLE	[X] Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS	13048 S.W. 24th Street		CITY - ST - ZIP	Miramar, FL 33027-2629	
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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 an address, with all other like empowered.																													
SIGNATURE: <u><i>Vivian Baez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/09/07 954-437-4773 <small>Date Daytime Phone #</small>																									

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