I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made	e 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
above, or on an attachment with all other like empowered.	

SIGNATURE: LAZARO MILIAN

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

MILIAN, LAZARO MOWNER 3300 N.W. 52ND STREET MIAMI, FL 33142 US

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.

SIGNATURE	E: LAZARO MILIAN			04/15/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	Р		
Name	MILIAN, LAZARO OWNER	Name	HIDALGO, AMAURY JR.		
Address	3300 N.W. 52ND STREET	Address	14890 SW 32 ST.		
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33185		

#### Certificate of Status Desired: Yes

PRESIDENT

04/15/2015 Date

#### FILED Apr 15, 2015 Secretary of State CR2927378309

#### 2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000048950

Entity Name: XTREME WHOLESALE CORPORATION

## **Current Principal Place of Business:**

5214-A NW 35TH AVE MIAMI, FL 33142

## **Current Mailing Address:**

5214-A NW 35TH AVE MIAMI. FL 33142

# FEI Number: 65-1008949