

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064702

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**3170945425CC**

**Entity Name:** EXTREMAX CORPORATION

**Current Principal Place of Business:**

3705 NW 115TH AVE  
BAY 2  
MIAMI, FL 33178

**Current Mailing Address:**

3705 NW 115TH AVE  
BAY 2  
MIAMI, FL 33178

**FEI Number:** 65-1127745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name TARUD, FRANCISCO JR  
Address 4775 COLLINS AVE APT 1407  
City-State-Zip: MIAMI FL 33140

Title VD  
Name TARUD, SOFY  
Address 4775 COLLINS AVE APT 1407  
City-State-Zip: MIAMI FL 33140

Title VTD  
Name TARUD, KAREN  
Address 4775 COLLINS AVE APT 1407  
City-State-Zip: MIAMI FL 33140

Title VD  
Name TARUD, CINDY  
Address 4775 COLLINS AVE APT 1407  
City-State-Zip: MIAMI FL 33140

*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 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:** FRANCISCO TARUD JR

VD

03/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date