

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K76267

1. Entity Name
XTRA BREATH, INC.



Principal Place of Business

10240 SW 56 STREET
STE 113-D
MIAMI, FL 33165 US

Mailing Address

EDUARDO SANTOS
9645 SW 44TH ST
MIAMI, FL 33165



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0120350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANTOS, EDUARDO
9645 SW 44TH ST
MIAMI, FL 33165

DO NOT WRITE
IN THIS SPACE

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: Required 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	P
NAME	SANTOS, LUZ
STREET ADDRESS	9645 SW 44TH ST
CITY, ST, ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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04/29/04-80166-007 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 or 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:

Eduardo Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Initial

Daytime Phone #

04-15-04 (305) 815-9036