2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # K76267 1. Entity Name XTRA BREATH, INC. Principal Place of Business Mailing Address 2748 SW 87 AVE **EDWARDO SANTOS** 9645 SW 44TH ST MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-0120350 Not Applicat Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTOS, EDWARDO Street Address (P.O. Box Number is Not Acceptable) 9645 SW 44TH ST MIAMI FL 33165 City 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 Signature, Typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May C 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. U00000512440^M Change Addin. TITLE ☐ Delete TITLE NAME NAME SANTOS, LUZ 04/29/06-80088-012 150.00°M 9645 SW 44TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Alan: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CHY-ST-ZIP ☐ Change ☐ Additi ☐ Delete TITLE TITLE NAME NAME STREET AUDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP A. ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □Ádo Change Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Air TITLE ☐ Delete îllif NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 1 if changed, or on an attachment with an incidence, with all other like empowered.

SE MILITIPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

04-13-06 (305) 223-32 SJ