


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90037 028 \*\*\*158.75

<b>DOCUMENT # P00000055199</b> 1. Entity Name <b>X-TREME MEDICAL, INC.</b>					
Principal Place of Business <b>400 SW 107 AVE., #400</b> <b>MIAMI, FL 33174</b>			Mailing Address <b>400 SW 107 AVE., #400</b> <b>MIAMI, FL 33174</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>404</b> City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. <b>404</b> City & State Zip Country		
4. FEI Number <b>65-1019986</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, KARLA</b> <b>400 SW 107 AVE., #400</b> <b>MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Stal 404</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>RODRIGUEZ, KARLA</b> <b>40 ALMERIA AVE</b> <b>CORAL GABLES, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Karla Rodriguez</b> <b>400 SW 107 AVE #404</b> <b>Miami FL 33174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.					
SIGNATURE: <u>Karla Rodriguez</u> <u>1/10/05</u> <u>3052200606</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40001824



01102005 Chg-P CR2E034 (10/03)