-2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

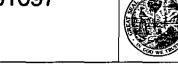
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P00000081097 **DOCUMENT #**

1. Entity Name

X-TREME WATERSPORT TECH, INC.



Principal Place of Business 5731 FORREST ST HOLLYWOOD FL 33021

Mailing Address 5731 FORREST ST HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
5731 FOLLEST ST	5731 FORESTST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



2. Principal Place of Business 5731 FOP LES Suite, Apt. #, etc.		3. Mailing Address 5031 Foreauts Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES				
City & Stat	iwood FC	City & State	1 PC	4. F	El Number 59-1989131			plied For t Applicable	
330	21 Country USA	33021	Country		Certificate of Status Desired	Fee F	75 Ado Require		
Name and Address of Current Registered Agent					ame and Address of New Re	egistered Agent	_		
Nama					inm I dut cara to A.				
	& UTRERA, P.A.		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
343 ALME	RIA AVENUE 🕖 👾 🗸	34	343 Almoria AURIUL						
CORAL G	ABLES FL 33134			•					
			Col	al (Bables	FL Z		3134	
	named entity submits this statement for	the purpose of changing its	registered office or re-	gistered age	ent, or both, in the State of Flor	ida. I am familia	r with,	and accept	
the obligat	ions of jegistered agent.				1/1			J	
SIGNATURE	> au -					<u>-1-03</u>			
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent signature n	required when rei	nstating)	DATE		. [
	ILE NOW!!! FEE IS \$150.00								
_	May 1, 2003 Fee will be \$550.00			ļ	 Election Campaign Final Trust Fund Contribution 			May Be to Fees	
Make Check	Payable to Florida Department of	State			rust Fund Commodion	. <u> </u>	Added	to rees	
10.	OFFICERS AND D	DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	
TITLE	PSTD	☐ Delete	TITLE				hange	Addition	
NAME	Buser, Adrian		NAME						
STREET ADDRESS	5731 FORREST STREET		STREET ADDRESS		•				
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP						
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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 all other like empowered.

SIGNATURE