


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90106 036 ***150.00

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

DOCUMENT # P01000003092		
1. Entity Name XTRME BUILDING SERVICE, CORP.		
Principal Place of Business 2440 SW 19 AVE MIAMI, FL 33145		Mailing Address 2440 SW 19 AVE MIAMI, FL 33145
2. Principal Place of Business 2810 S.W. 23rd St.		3. Mailing Address 2810 S.W. 23rd St.
City & State Miami, FL		City & State Miami, FL
Zip 33145		Country Miami-Dade
4. FEI Number 65-1065627		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LUIS, JUAN M 2810 S.W. 23rd St. Miami, FL 33145		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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's signature required when withdrawing) DATE _____		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LUIS, JUAN M 2810 S.W. 23rd St. Miami, FL 33145		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

90138765

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

attachment
Po1000003092

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XTREME BUILDING SERVICES, INC.

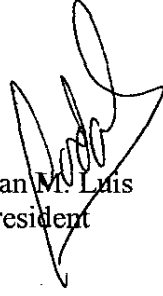
2810 S.W. 23RD Street

Miami, Florida 33145

TO: State of Florida
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314


HEREBY WE CERTIFY that we never receive the forms for Annual Report
For year 2003 and, on this base, we request from you waiver the penalty for
Late filing and enclose please find complete form with check payable to your
Order by \$150.00

Miami, Florida, June 6, 2003


Juan M. Luis
President

Sworn to and subscribed before me
this 6 day of JUNE, 2003




Notary Public