2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P01000064702

Entity Name: EXTREMAX CORPORATION

Current Principal Place of Business:

3705 NW 115TH AVE
BAY 2
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

3705 NW 115TH AVE
BAY 2
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1127745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TARUD, FRANCISCO SR
4775 COLLINS AVE APT 1407
MIAMI, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TARUD, FRANCISCO SR
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

Title: SD ( ) Delete
Name: TARUD, SOFIA
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

Title: VD ( ) Delete
Name: TARUD, FRANCISCO JR
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

Title: VD ( ) Delete
Name: TARUD, SOFY
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

Title: VTD ( ) Delete
Name: TARUD, KAREN
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

Title: VD ( ) Delete
Name: TARUD, CINDY
Address: 4775 COLLINS AVE APT 1407
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO TARUD P 04/24/2009

Electronic Signature of Signing Officer or Director — Date