FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90184 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099867

1. Entity Name
EXTRANEXIONS, INC.

90135706

Principal Place of Business
1275 SW 46TH AVE, #2701
POMPANO BEACH, FL 33069

Mailing Address
1275 SW 46TH AVE, #2701
POMPANO BEACH, FL 33069

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2642 TAYLOR ST	2642 TAYLOR ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number 65-1153358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUVAL, MARC G
1275 SW 46TH AVE, #2701
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name: DUVAL MARC G
Street Address (P.O. Box Number Is Not Acceptable): 2642 TAYLOR ST
City: HOLLYWOOD FL Zip Code: 33021

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] 04/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P DUVAL, MARC G 1275 SW 46TH AVE, #2701 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUVAL MARC G 2642 TAYLOR ST HOLLYWOOD FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGROOTE, JACQUES 1275 SW 46TH AVE, #2701 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: MARC DUVAL [signature] 04/22/03 954-920-6536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #