


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

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90006 032 ***150.00

DOCUMENT # P01000114175	
1. Entity Name <i>Extreme Security Networks Corp.</i>	

DO NOT WRITE IN THIS SPACE

44046569

2. Principal Place of Business <i>3053 NW 82nd Ave.</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33122</i>	Country <i>U.S.</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>03-0411241</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <i>FL</i>	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 <i>[Signature]</i>	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling)	DATE
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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	<i>P Claudio Azocar 3053 NW 82nd Ave Miami, FL 33122</i>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034B (12/02)

Attachment

44046569

#P01000114175

EXTREME SECURITY NETWORKS CORP.
3053 NW 82nd Avenue
Miami, FL 33122


June 2, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 3053 NW 82nd Avenue, Miami, FL 33122. Accordingly we did not receive the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for late filing.

Sincerely,



Claudio Azocar
President