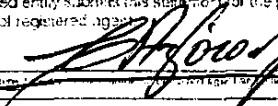
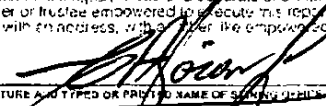


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000114175 1. Entity Name EXTREME SECURITY NETWORKS CORP			
Principal Place of Business 3053 NW 82ND AVE MIAMI, FL 33122		Mailing Address 3053 NW 82ND AVE MIAMI, FL 33122	
2. Principal Place of Business 10815 NW 29 ST Suite, Apt #, etc. 10815 City & State Doral FL Zip 33172 Country USA		3. Mailing Address 10815 NW 29 ST Suite, Apt #, etc. 10815 City & State Doral FL Zip 33172 Country USA	
4. FEI Number 03-0411241		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZOCAR CLAUDIO 4564 NW 114 AV Miami, FL 33178		7. Name and Address of New Registered Agent Azocar Claudio 4564 NW 114 AV Doral, FL 33172	
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.			
9. SIGNATURE 		09/22/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE PD NAME AZOCAR, CLAUDIO STREET ADDRESS 3053 NW 82ND AVE CITY-STATE-ZIP MIAMI, FL 33122	☐ Delete	TITLE Azocar Claudio NAME 10815 NW 29 ST STREET ADDRESS Doral, FL 33172 CITY-STATE-ZIP 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: 		09/22/06	

FILED

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SECRET
TALLAHASSEE FLORIDA



REINSTATEMENT 2006

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