

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90580 019 ***158.75

DOCUMENT # P02000006565

1. Entity Name

XTREME-WIRELESS, INC.



Principal Place of Business

**9121 SW 122 AVENUE, BLDG 4
APT 207
MIAMI FL 33186**

Mailing Address

**9121 SW 122ND AVE., BLDG 4
APT 207
MIAMI FL 33186**

2. Principal Place of Business

9121 SW 122 AV

3. Mailing Address

9121 SW 122 AV

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Miami

City & State

Miami

Zip

33186

Country

FL

Zip

33186

Country

FL



MOORE

CR2E034 (11/03)

4. FEI Number

03-0405060

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, ADELSON
9121 SW 122ND AVE., BLDG 4
APT 207
MIAMI FL 33186**

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

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, 2004 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

TITLE **P** ☐ Delete
NAME **SANCHEZ, ADELSON**
STREET ADDRESS **9121 SW 122ND AVE BLDG 4, APT 207**
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04

786-3178740

Date

Daytime Phone #