



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90014 002 ***150.00

DOCUMENT # P02000023156 1. Entity Name XTREME NETWORKS, INC		
Principal Place of Business 18051 NW 68 AVE. APT. K205 MIAMI, FL 33015		Mailing Address P.O. BOX 267115 WESTON, FL 33326
2. Principal Place of Business 1080 NW 163 Dr Suite, Apt. #, etc. Suite 102 City & State Miami, Florida Zip 33169	3. Mailing Address 1080 NW 163 Dr. Suite, Apt. #, etc. Suite 102 City & State Miami, Florida Zip 33169	 01082004 Chg-P CR2E034 (10/03)
4. FEI Number 61-1413565		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIOGUARDI, MARCO A 18051 NW 68 APT. K205 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name MARCO A. DIOGUARDI Street Address (P.O. Box Number is Not Acceptable) 1080 N.W. 163. Dr. City Miami FL Zip Code 33169
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: <u><i>Marco Dioguardi</i></u> MARCO DIOGUARDI VP DATE: 1/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 MATA, LUIS B <input type="checkbox"/> Delete 18051 NW 68 AVE. APT. K205 MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIOGUARDI, MARCO A <input type="checkbox"/> Delete 4040 PEPPERTREE DR. WESTON, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Marco Dioguardi</i></u> MARCO DIOGUARDI		DATE: 1/8/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>