

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90291 041 ***150.00

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1. Entity Name
XTREME NETWORKS, INC



Principal Place of Business
**388 CARRINGTON DRIVE
WESTON FL 33326**

Mailing Address
**P.O. BOX 267115
WESTON FL 33326**

2. Principal Place of Business
1805A NW. 68 Av.

3. Mailing Address

Suite, Apt. #, etc.
APT. K205

City & State
MIAMI, FL.

City & State

Zip
33015

Country
USA

4. FEI Number
61-1413565

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIQUARDI, MARCO A
5441 NW 92ND AVENUE
SUNRISE FL 33141**

7. Name and Address of New Registered Agent

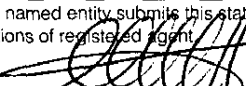
Name
DIQUARDI, MARCO A

Street Address (P.O. Box Number is Not Acceptable)
1805A NW 68 Av. APTO K205

City
MIAMI

FL Zip Code
33015

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  **MARCO A. DIQUARDI** DATE **4/28/03**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	LUIS B. MATA	3805A NW. 68AV APTO K205	MIAMI, FL. 33015		<input checked="" type="checkbox"/>
VICE PRESIDENT	MARCO A. DIQUARDI	4040 PEPPERLREE DR	WESTON, FL. 33332		<input checked="" type="checkbox"/>
TREASURER	LUIS B. MATA	3805A NW. 68AV. APTO. K205	MIAMI, FL. 33015		<input checked="" type="checkbox"/>
SECRETARY	MARCO A. DIQUARDI	4040 PEPPERLREE DR	WESTON, FL. 33332		<input checked="" type="checkbox"/>

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:  **MARCO DIQUARDI** DATE **4/28/03** DAYTIME PHONE # **(305) 681-5531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)