


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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 010 ***150.00

DOCUMENT # <u>P02000093805</u>	
1. Entity Name <u>Xtreme Creative Builders, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4914 23 ct SW</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 990574</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Naples FL</u>	City & State <u>Naples FL</u>	4. FEI Number <u>05-0530597</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34116</u>	Country <u>Collier</u>	Zip <u>34116</u>	Country <u>Collier</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Javier Alfaro</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4914 23 ct SW</u>	
City <u>Naples FL</u>	Zip Code <u>34116</u>

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 _____ DATE 4-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<u>VP</u>	<u>Josefina Alfaro</u>	<u>4914 23 ct SW</u>	<u>Naples 34116</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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: José Alfaro DATE 4-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

(239)289-1883