

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000125852

1. Entity Name
XTREME ENERGY DRINK N.A. INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -7 AM 8:00

Principal Place of Business
91 NE 36TH ST.
MIAMI, FL

Mailing Address
91 NE 36TH ST.
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PLOTKIN, GLADYS
640 N SHORE DR
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name: Harold Plotkin
Street Address (P.O. Box Number is Not Acceptable)

640 North Shore Dr.

City Miami Beach

FL

Zip Code 33141

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.

Harold Plotkin

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PLOTKIN, GLADYS
STREET ADDRESS 640 N SHORE DR
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Harold Plotkin
STREET ADDRESS P.O. Box 4382
CITY-ST-ZIP Miami, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Plotkin

12/1/04 305-371-5221

Date

Daytime Phone