

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-07-2004 90002 030 ***163.75

DOCUMENT # P03000022355 1. Entity Name EXTREME MOTORCARS INC			
Principal Place of Business 2629 MERCER AVE WEST PALM BEACH, FL 33409 US		Mailing Address 2629 MERCER AVE WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business 5601 Broadway Ave Suite, Apt. #, etc.		3. Mailing Address 5601 Broadway Suite, Apt. #, etc.	
City & State West Palm Beach		City & State West Palm Beach	
Zip 33407		Zip 33407	
4. FEI Number 72-1550731		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AQUINO, ZADI, PRES 2629 MERCER AVE WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name MARGUERITE AQUINO Street Address (P.O. Box Number is Not Acceptable) 5601 Broadway Ave City West Palm Beach FL Zip Code 33407	
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>Marguerite Aquino Marguerite Aquino</u> DATE <u>7-2-04</u> Signature typed or printed name of registered agent and is/are applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AQUINO, MARGUERITE 2629 MERCER AVE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Marguerite Aquino 5601 Broadway West Palm Beach Fla 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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>Marguerite Aquino Marguerite Aquino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>7-2-04</u> Daytime Phone # <u>(561) 844-6991</u>	

7/7.

66430263



07012004 Chg-P CR2E034 (10/03)

ATTACHMENT

66430263

PD 30000 22355

Florida DRIVER LICENSE CLASS E

The Sunshine State

A250-640-61-528-0

MARGUERITE AQUINO
2848 EAST GROSBLEY DR APT F
WEST PALM BEACH, FL 33415-0000

BIRTH DATE SEX HGT WGT EYES
01-28-61 F 5-04 120 160 BROWN

ISSUED 01-19-01 EXPIRES 01-28-07 DUPLICATE 00-00-00

SAFE DRIVERS

Operation of a motor vehicle constitutes consent to any scrutiny test required by law

**CITY OF WEST PALM BEACH
OCCUPATIONAL LICENSE**

Reason: I.D. FOR LICENSE
Employer: EXTREME MOTOR CASE

ID #: 135823

Name: MARGUERITE AQUINO

This card to be used for ID purpose only

Attachment

66430263
#PO3000022355

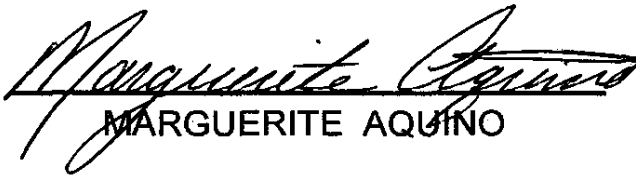
EXTREME MOTORCARS INC.

5601 BROADWAY AVE W.P.B. FL 33407

PH# 561-844-6991 FAX# 561-844-2188

TO WHOM IT MAY CONCERN

PLEASE BE ADVISED WE HAVE AMENDED THE
FEI NUMBER 72-1550731 IT IS VALID AND
CORRECT. ACCORDING TO THE INTERNAL
REVENUE SERVICE. THANK YOU FOR YOUR
HELP IN THIS MATTER PLEASE DONT
HESSITATE TO CALL.


MARGUERITE AQUINO