


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90015 022 \*\*\*150.00

<b>DOCUMENT # P03000066408</b>	
1. Entity Name 2 EXTREME TATTOOS, INC.	

Principal Place of Business 3205 SW 60TH CIR DAVIE, FL 33314	Mailing Address 3205 SW 60TH CIR DAVIE, FL 33314
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**94024829**

2. Principal Place of Business <b>8330 N FLORIDA AVE</b>	3. Mailing Address <b>7009 Interbay Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 819</b>
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33604</b>	Zip <b>33616</b>
Country	Country

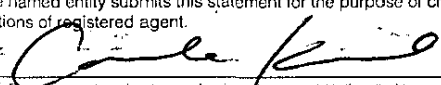


03012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>30-0045006</b>	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  KURAL, CARLO 3205 SW 60TH CIR DAVIE, FL 33314	7. Name and Address of New Registered Agent Name <b>KURAL, CARLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7009 INTERBAY BLVD #819</b> City <b>TAMPA</b> FL Zip Code <b>33616</b>
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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.

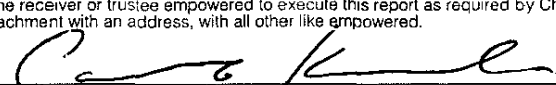
SIGNATURE  DATE **3/1/04**

(NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KURAL, CARLO 18714 N.W. 47TH PLACE MIAMI, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTDS</b> <b>KURAL, CARLO</b> <b>7009 INTERBAY BLVD #819</b> <b>TAMPA FL 33616</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ORTEGA, MICHELLE 18714 N.W. 47TH PLACE MIAMI, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **3/1/04** 813-363-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR