


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000032121</b>	
1. Entity Name <b>EXTREME SOUNDS INC.</b>	

Principal Place of Business <b>1929 NW 20 ST MIAMI, FL 33142</b>	Mailing Address <b>1929 NW 20 ST MIAMI, FL 33142</b>
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04092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0761930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SALAZAR, BLANCA 1929 NW 20 ST MIAMI, FL 33142</b>
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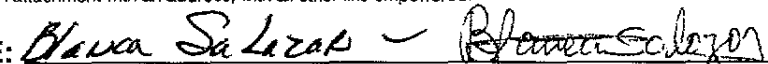
DO NOT WRITE IN THIS SPACE

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: <b>4-10-06</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>05/08/06-80114-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, BLANCA 14998 SW 132 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, ELIAS J 14998 SW 132 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SALAZAR, ELISEO H 14998 SW 132 AVE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>4-10-06</b> DAYTIME PHONE: <b>305-326-8332</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	