

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP - 7 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RCeg1



05232005 Chg-P CR2E034 (10/03)

4. FEI Number **26-0091095** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **KENNY MOHAMMED**  
Street Address (P.O. Box Number is Not Acceptable) **7981 S. FRENCH DRIVE APT. 103**  
**PEMBROKE PINES**  
City **FL** Zip Code **33024**

DOCUMENT # P04000047134

1. Entity Name  
**XTREME VELOCITY, INC.**



Principal Place of Business  
**807 NORTHEAST 199TH STREET UNIT 204**  
**NORTH MIAMI BEACH, FL 33179**

Mailing Address  
**807 NORTHEAST 199TH STREET UNIT 204**  
**NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business  
**7981 S. FRENCH DRIVE**  
Suite, Apt. #, etc. **APT. 103**

3. Mailing Address  
**7981 S. FRENCH DRIVE**  
Suite, Apt. #, etc. **APT. 103**

City & State  
**PEMBROKE PINES, FLORIDA**  
Zip **33024** Country **BROWARD**

City & State  
**PEMBROKE PINES, FLORIDA**  
Zip **33024** Country **BROWARD**

6. Name and Address of Current Registered Agent

**REYES, GUILLERMO**  
**807 NORTHEAST 199TH STREET UNIT 204**  
**NORTH MIAMI BEACH, FL 33179**

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/4/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REYES, GUILLERMO	
STREET ADDRESS	807 NORTHEAST 199TH STREET UNIT 204	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	REYES, CAROLINE L.M.	
STREET ADDRESS	807 NORTHEAST 199TH STREET UNIT 204	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOHAMMED, KENNY	
STREET ADDRESS	807 NORTHEAST 199TH STREET UNIT 204	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY MOHAMMED	
STREET ADDRESS	7981 S. FRENCH DRIVE APT. 103	
CITY - ST - ZIP	PEMBROKE PINES, FLORIDA 33024	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLYN INDERA BELOOG - MOHAMMED	
STREET ADDRESS	7981 S. FRENCH DRIVE APT. 103	
CITY - ST - ZIP	PEMBROKE PINES, FLORIDA 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/05 (954) 894-5720  
Date Daytime Phone #