

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

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| <b>DOCUMENT # P04000053855</b><br>1. Entity Name<br><b>XTREME VIDEO INCORPORATED</b>   |   |  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>8823 NW 142 LN<br/>MIAMI LAKES, FL 33018</b>   |   |  | Mailing Address<br><b>8823 NW 142 LN<br/>MIAMI LAKES, FL 33018</b> |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  | 4. FEI Number<br><div style="font-size: 1.2em; font-family: monospace;">20-0914671</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             Applied For<br/>Not Applicable           </div> |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State   |   | City & State   |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | 6. Name and Address of Current Registered Agent<br><br><b>DEL SOL, RUSDEL<br/>8823 NW 142 LN<br/>MIAMI LAKES, FL 33018</b>   |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code   |   | 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.<br><br>SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 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>  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY- ST- ZIP</td> <td style="width: 65%;"> <b>P</b><br/> <b>DEL SOL, RUSDEL</b><br/> <b>8823 NW 142 LN</b><br/> <b>MIAMI LAKES, FL 33018</b> </td> <td style="width: 20%; text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete           </td> </tr> <tr> <td> <b>VP</b><br/> <b>DEL SOL, RENE</b><br/> <b>8823 NW 142ND LN</b><br/> <b>MIAMI LAKES, FL 33018</b> </td> <td> <input type="checkbox"/> Delete           </td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY- ST- ZIP</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </div> </div> |   |  |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>P</b><br><b>DEL SOL, RUSDEL</b><br><b>8823 NW 142 LN</b><br><b>MIAMI LAKES, FL 33018</b> | <input type="checkbox"/> Delete | <b>VP</b><br><b>DEL SOL, RENE</b><br><b>8823 NW 142ND LN</b><br><b>MIAMI LAKES, FL 33018</b> | <input type="checkbox"/> Delete |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>P</b><br><b>DEL SOL, RUSDEL</b><br><b>8823 NW 142 LN</b><br><b>MIAMI LAKES, FL 33018</b> | <input type="checkbox"/> Delete  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>VP</b><br><b>DEL SOL, RENE</b><br><b>8823 NW 142ND LN</b><br><b>MIAMI LAKES, FL 33018</b>   | <input type="checkbox"/> Delete   |  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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.  |   |  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |   |  |  |  |  |  |   |                                 |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |