

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/3/2005-90063-013-\$61.25-~~STATE~~ ISO

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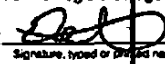
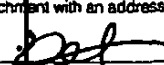
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000688



07282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000121686			
1. Entity Name EXTREME VIDEO, INC			
Principal Place of Business 1978 W 60TH STREET HIALEAH, FL 33012		Mailing Address 1978 W 60TH STREET HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1531664		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGALADO, MARTA 1978 W 60TH STREET HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name <u>Dennis Pino</u> Street Address (P.O. Box Number is Not Acceptable) <u>1978 W 60th St.</u> City <u>Hialeah</u> FL Zip Code <u>33012</u>	
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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing ☐ \$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	PS REGALADO, MARTA 1978 W 60TH STREET HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Dennis Pino 1978 W 60th St. Hialeah, FL 33012 ☐ Change ☒ Addition
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	A check from another corporation in the amount of \$1.25 was applied in error. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The \$1 has been corrected. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 9/14 ☐ 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: 		Date Daytime Phone #	
Signature and typed or printed name of signing officer or director			