2006 FOR PROFIT CORPORATION

Mar 21, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P05000070518 03-21-2006 90013 029 ***150.00 1. Entity Name XTRÉME MAINTENANCE CORP. Principal Place of Business Mailing Address 40034696 7200 N.W. 114TH. AVENUE 7200 N.W. 114TH. AVENUE 204 204 MIAMI, FL 33178 MIAMI. FL 33178 2. Principal Place of Business 3. Mailing Address 10720 NW 82 TERR 10720 NW BATEAR Suite, Apt. #, etc. BL) G #8 UNIT#1 Suite, Apt. #, etc. 03082006 CR2E034 (11/05) B139#8 UNIT#1 Dona L 4. FEI Number 20-3883564 Applied For FLORIDA FLURIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EUGIENIO SERVODIO CASTRO, JULIO Street Address (P.O. Box Number is Not Acceptable) 1414 N.W. 107TH. AVENUE 407 10720 NW PATERR BLYGHS OWIT # MIAMI, FL 33172 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 fam the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE TITLE SERVADIO EUGENIO SERVODIO, EUGENIO NAME NAME 10720 NW 82 TERR BLD4#8 OUT#1 7200 N.W. 114TH, AVENUE # 204 STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-7IP DOARL FLOAISA 33178 CITY-ST-ZIP VP Change ☐ Addition ☐ Delete TITLE TITLE NAME RAMOS, CARLOS NAME STREET ADDRESS 10700 N.W. 66TH STREET # 112 STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

bes not quarify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and inaymy signature shall have the same legal effect as if made under oath; that I am an officer or director egute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver of trystyle.

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED