

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103492

Entity Name: XTREME VALVES TECHNOLOGY, INC

FILED  
Jun 17, 2008  
Secretary of State

## Current Principal Place of Business:

2735 DOE TRAIL  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

## Current Mailing Address:

2735 DOE TRAIL  
LOXAHATCHEE, FL 33470

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVERA, ALFREDO G  
2735 DOE TRAIL  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

SALAZAR, OLGA  
2735 DOE TRAIL  
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: OLGA SALAZAR

06/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOVERA, ALFREDO G  
Address: 2735 DOE TRAIL  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Delete  
Name: TOVAR, KATIUSKA V  
Address: 2735 DOE TRAIL  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SALAZAR, OLGA  
Address: 2735 DOE TRAIL  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA SALAZAR

PRES

06/17/2008

Electronic Signature of Signing Officer or Director

Date