

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000060644

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** XTREME AUTO TRANSPORT OVERNIGHT INC

**Current Principal Place of Business:**

9037 NW 115 ST  
HIALEAH GARDENS, FL 33018 US

**New Principal Place of Business:**

9037 NW 115 STREET  
HIALEAH GARDENS, FL 33018 US

**Current Mailing Address:**

9037 NW 115 ST  
HIALEAH GARDENS, FL 33018 US

**New Mailing Address:**

9037 NW 115 STREET  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 26-2861490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAVELO, LIZNETH  
9037 NW 115 ST  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

RAVELO, LIZNETH D  
9037 NW 115 ST  
HIALEAH GARDENS, FL 33018 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:** LIZNETH RAVELO

03/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RAVELO, LIZNETH D  
**Address:** 9037 NW 115 ST  
**City-St-Zip:** HIALEAH GARDENS, FL 33018 FL

I hereby 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 all other like empowered.

**SIGNATURE:** LIZNETH RAVELO

OWN

03/12/2011

Electronic Signature of Signing Officer or Director

Date