

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000006713

Entity Name: XTREME LIFE CORP

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5824 LAKEPOINT VILLAGE CIR  
APT 516  
ORLANDO, FL 32822

## **New Principal Place of Business:**

E MICHIGAN ST  
4556  
ORLANDO, FL 32812

## **Current Mailing Address:**

P.O. BOX 593355  
ORLANDO, FL 32859

## **New Mailing Address:**

E. MICHIGAN ST  
4556  
ORLANDO, FL 32812

FEI Number: 27-1692202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIRALDO, JOSE  
5824 LAKEPOINT VILLAGE CIR  
APT 516  
ORLANDO, FL 32822 US

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

GIRALDO, JOSE  
E MICHIGAN ST  
4556  
ORLANDO, FL 32812 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:

01/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: GIRALDO, JOSE  
Address: 4556 MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32812

Title: VP  
Name: BLANCO, RICARDO  
Address: 7815 TENNYSON ST  
City-St-Zip: ORLANDO, FL 32809

Title: TREA  
Name: BLANCO, BARBARA  
Address: 7815 TENNYSON ST  
City-St-Zip: ORLANDO, FL 32809

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: JODOSE GIRAL

P

01/26/2011

Electronic Signature of Signing Officer or Director

Date