

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000062636

1. Entity Name
X-TREME THE ROCK CLIMBING CENTER OF MIAMI, INC.



Principal Place of Business

13972 SW 139 CT
MIAMI, FL 33186 US

Mailing Address

13972 SW 139 CT
MIAMI, FL 33186 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 PM 3:34



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05292008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0769833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGGONER, DEREK
12875 SW 192 ST
MIAMI, FL 33177

Name: WAGGONER, DEREK

Street Address (P.O. Box Number is Not Acceptable)

13972 SW 139 CT

City Miami

FL

Zip Code 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/9/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WAGGONER, WENDI R ☐ Delete
STREET ADDRESS 12875 SW 192 ST
CITY-ST-ZIP MIAMI, FL 33177

TITLE VSTD ☒ Change ☐ Addition
NAME WAGGONER, WENDI R
STREET ADDRESS 12875 SW 192 ST
CITY-ST-ZIP MIAMI, FL 33177

TITLE VSTD ☐ Delete
NAME WAGGONER, DEREK S
STREET ADDRESS 12875 SW 192 ST
CITY-ST-ZIP MIAMI, FL 33177

TITLE PD ☒ Change ☐ Addition
NAME WAGGONER, DEREK S
STREET ADDRESS 13972 SW 139 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

DEREK WAGGONER
6/9/08