

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000037414

1. Entity Name

XTREME AUTO WHOLESALERS, INC.



Principal Place of Business

661 NE 33RD ST
POMPANO BEACH FL 33064

Mailing Address

831 SE 6TH AVENUE
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-0914486

Applied For
Not Applicable

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

PAPATZANAKIS, JOHN
831 SE 6TH AVENUE
POMPANO BEACH FL 33060

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	PAPATZANAKIS, JOHN	
STREET ADDRESS	661 NE 33RD ST	
CITY - ST - ZIP	POMPANO BEACH FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		

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03/05/04-80015-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

John Papatzanakis 3/3/04 788-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #