FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90046 042 ***150.00

DOCUMENT # V41981

1. Entity Name
Extrabit Industries Inc.

DO NOT WRITE IN THIS SPACE

40011833

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1747 Van Buren St	1747 Van Buren St
Suite, Apt. #, etc. Suite #1012	Suite, Apt. #, etc. Suite #1012
City & State Hollywood	City & State Hollywood
Zip 33020 Country USA	Zip 33020 Country USA

4. FEI Number 65-0349822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name More, John
Street Address (P.O. Box Number is Not Acceptable) 1747 Van Buren St
Suite #1012
City Hollywood FL Zip Code 33020

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY ST ZIP	P More, John 1747 Van Buren St Ste 1012 Hollywood FL 33020	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S More, John 1747 Van Buren St #1012 Hollywood FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #