


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90080 033 \*\*\*150.00

**DOCUMENT # F69802**  
 1. Entity Name  
 MAXIMILLIAN INVESTMENTS, INC.



Principal Place of Business  
 4700 SHERIDAN STREET  
 SUITE S  
 HOLLYWOOD, FL 33021

Mailing Address  
 4700 SHERIDAN STREET  
 SUITE S  
 HOLLYWOOD, FL 33021

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
 59-2217567

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MONTGOMERY, ROSALINDA  
 4700 SHERIDAN STREET  
 SUITE S  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
 Name Debra Sartoian  
 Street Address (P.O. Box Number is Not Acceptable) 4700 Sheridan Street Suite S  
 City Hollywood FL Zip Code 33021

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]  
 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, 2006 Fee will be \$550.00**


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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTOIAN, DEBRA H	NAME	
STREET ADDRESS	4700 SHERIDAN STREET, SUITE S	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

40005710



05012006 Chg-P CR2E034 (11/05)