


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 007 ***150.00

DOCUMENT # J87280

1. Entity Name
MAXHALL INTERNATIONAL, INC.



Principal Place of Business Mailing Address

8033 N.W. 36TH STREET, SUITE 440 **8033 N.W. 36TH STREET, SUITE 440**
MIAMI, FL 33166 **MIAMI, FL 33166**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ISICOFF, ERIC D ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ribadeneira, Diego <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 NW 36th St #500 Mia Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENENDEZ, GEORGIA 8033 N.W. 36TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Menendez, Georaina (tit name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 NW 36th St #500 Mia Fla 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIBADENIRA, DANIELA 8033 NW 36 ST. STE. 440 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ribadeneira, Daniela (tit name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8045 NW 36th St #500 Mia Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/18/08 **305-597-9044**
 Date Daytime Phone #

4003000



03182008 Chg-P CR2E034 (12/06)