
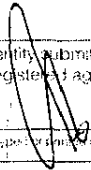
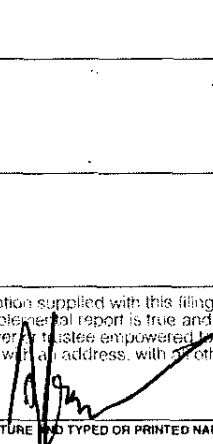


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90008 043 \*\*\*150.00

DOCUMENT # P0000090538			
1. Entity Name AIR MAX IMPORT & EXPORT, INC.			
Principal Place of Business 14211 SW 129 COURT MIAMI, FL 33186		Mailing Address 14211 SW 129 COURT MIAMI, FL 33186	
2. Principal Place of Business 2700 NW 112TH AVE		3. Mailing Address 2700 NW 112TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent FUNG, LAM SIU 14211 SW 129 COURT MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: ALEX CERRA Street Address (P.O. Box Number is Not Acceptable): 2700 NW 112 AVE City: MIAMI FL Zip Code: 33012	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: 		DATE: 6-29-04	
<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>Due by September 8, 2004</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D FUNG, LAM SIU 14211 SW 129 COURT MIAMI, FL 33186	TITLE	D LAM, SIU FUNG 2700 NW 112 AVE MIAMI, FL 33172
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemption stated in Section 119.07(3)(j), 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 or other like empowered.			
SIGNATURE: 		DATE: 6/29/04 (305) 513-4343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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