
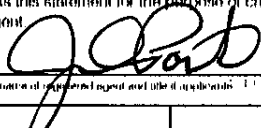



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90014 024 \*\*\*150.00

|   |         |  |   |   |                                   |                 |          |
|---|---------|--|---|---|-----------------------------------|-----------------|----------|
| DOCUMENT # P0300064919  |         |  |   |  |                                   |                 |          |
| 1. Entity Name<br>MAX GENEST ENTERPRISES INC  |         |  |   |   |                                   |                 |          |
| Principal Place of Business<br>3175 E ATLANTIC DR<br>BOYNTON BEACH, FL 33435 US   |         | Mailing Address<br>3175 E ATLANTIC DR<br>BOYNTON BEACH, FL 33435 US              |   | <b>54008427</b>   |                                   |                 |          |
| 2. Principal Place of Business  |         | 3. Mailing Address   |   |   |                                   |                 |          |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |   |   |                                   |                 |          |
| City & State  |         | City & State   |   |   |                                   |                 |          |
| Zip   | Country | Zip  | Country   | 01232004  | Chg-P                             | CR2E034 (10/03) |          |
| 4. FEI Number<br><b>06-1698530</b>  |         |  |   | Applied For<br>Not Applicable   |                                   |                 |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |         |  |   | 8.75 Additional Fee Required  |                                   |                 |          |
| 6. Name and Address of Current Registered Agent   |         |  | 7. Name and Address of New Registered Agent           |   |                                   |                 |          |
| JOHN PORTER ACCOUNTING INC<br>1403 W BOYNTON BEACH BLVD<br>BOYNTON BEACH, FL 33426  |         |  | 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:   |         |  | DATE: <b>02/05/04</b>                                 |   |                                   |                 |          |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$350.00   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |                                   |                 |          |
| 10. OFFICERS AND DIRECTORS  |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |                                   |                 |          |
| NAME  | P       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |                 |          |
| MAX GENEST  |         |  |   |   |                                   |                 |          |
| 3175 E ATLANTIC DR  |         |  |   |   |                                   |                 |          |
| BOYNTON BEACH, FL 33435   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
|   |         |  |   |   |                                   |                 |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information. |         |  |   |   |                                   |                 |          |
| SIGNATURE: <b>MAXIME GENEST</b>    |         |  | DATE: <b>02/05/04</b>                                 |   |                                   |                 |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |         |  | DATE  |   |                                   |                 |          |