


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90012 029 \*\*\*150.00

DOCUMENT # P03000064919  
 1. Entity Name  
 MAX GENEST ENTERPRISES INC



60014796



Principal Place of Business  
 3175 E ATLANTIC DR  
 BOYNTON BEACH, FL 33435 US

Mailing Address  
 3175 E ATLANTIC DR  
 BOYNTON BEACH, FL 33435 US

2. Principal Place of Business  
 1301 NW 7th Ct  
 Suite, Apt. #, etc.

3. Mailing Address  
 1301 NW 7th Ct  
 Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State  
 Boynton Beach, Fl.

City & State  
 Boynton Beach, Fl.

Zip  
 33426

Country  
 P.B.

Zip  
 33426

Country  
 P.B.

4. FEI Number  
 06-1698530

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING INC  
 400 S. FEDERAL HWY. SUITE 404  
 BOYNTON BEACH, FL 33435

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 *John Porter* DATE 02/09/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MAX, GENEST 3175 E ATLANTIC DR BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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]* DATE: 2/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR