

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024128

Entity Name: THERAMAX CORPORATION

FILED  
Jan 24, 2008  
Secretary of State

**Current Principal Place of Business:**

209 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

209 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 84-1671510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BESNER, MELODY  
9736 VIA EMILIE  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, T ( ) Delete  
Name: BESNER, MELODY  
Address: 9736 VIA EMILIE  
City-St-Zip: BOCA RATON, FL 33428 US

Title: S ( ) Delete  
Name: FERNANDEZ, ADRIAN L  
Address: 8301 N W 179TH STREET  
City-St-Zip: MIAMI, FL 33015 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY BESNER

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date