

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044603

Entity Name: MAX'S WOOD WORKING INC

FILED
May 19, 2007
Secretary of State

Current Principal Place of Business:

2017 SW AGUERO ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

710 NW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

2017 SW AGUERO ST
PORT ST LUCIE, FL 34953

New Mailing Address:

710 NW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

FEI Number: 20-4603482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTRO LATINO INC
10632 S FEDERAL HWY
PORT ST LUCIE, FL 34952 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONGIOVANNI, AUGUSTO
Address: 2017 SW AGUERO ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONGIOVANNI, AUGUSTO
Address: 710 NW BAYSHORE BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

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: AUGUSTO BONGIOVANNI

P

05/19/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date