2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-17-2008 90001 035 ***150.00
P06000084559

FILED

2008 JUL -8 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000084559

1. Entity Name

MAXXIMUM IMPACT, INC.

Principal Place of Business	Mailing Address
~~11601 BISCAYNE BOULEVARD SUITE 204 MIAMI FL 33181~~	~~11601 BISCAYNE BOULEVARD SUITE 204 MIAMI FL 33181~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3370 NE 190th Street		3370 NE 190th Street	
Suite, Apt. #, etc. Suite # 1506		Suite, Apt. #, etc. Suite # 1506	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 20-5056646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN, CILONA J
11601 BISCAYNE BOULEVARD
SUITE 204
MIAMI FL 33181

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 [signature] 6-2-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 JOHN, CILONA J 11601 BISCAYNE BOULEVARD, SUITE 204 MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] John J. Cilona 6-2-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #