

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065743

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: MAXSIL INC.

## Current Principal Place of Business:

1725 EAST HALLANDALE BEACH BLVD  
2002W  
HALLANDALE BEACH, FL 33009 US

## Current Mailing Address:

1725 EAST HALLANDALE BEACH BLVD  
2002W  
HALLANDALE BEACH, FL 33009 US

FEI Number: 02-0811028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORNOVITZKY MOZEICO, MAX  
1725 EAST HALLANDALE BEACH BLVD  
2002W  
HALLANDALE BEACH, FL 33009 US

## New Principal Place of Business:

1745 EAST HALLANDALE BEACH BLVD  
2102W  
HALLANDALE BEACH, FL 33009 US

## New Mailing Address:

1745 EAST HALLANDALE BEACH BLVD  
2102W  
HALLANDALE BEACH, FL 33009 US

## Name and Address of New Registered Agent:

WORNOVITZKY MOZEICO, MAX  
1745 EAST HALLANDALE BEACH BLVD  
2102W  
HALLANDALE BEACH, FL 33009 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WORNOVITZKY MOZEICO, MAX  
Address: 1725 EAST HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WORNOVITZKY MOZEICO, MAX  
Address: 1745 EAST HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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: MAX WORNOVITZKY MOZEICO

DP

02/13/2009

Electronic Signature of Signing Officer or Director

Date