2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM Secretary of State DOCUMENT # P96000046645 1. Entity Name MAX-IM INDUSTRIES, INC. Principal Place of Business Mailing Address 547 9TH STREET NORTH 547 9TH STREET NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3383242 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DASALLA, BERNARD S Street Address (P.O. Box Number is Not Acceptable) 547 9TH STREET NORTH ST. PETERSBURG FL 33701 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME DASALLA, BERNARD S NAME U00000056577 02/19/04-80024-024 150.00 STREET ADDRESS 547 9TH STREET NORTH STREET ADDRESS ST. PETERSBURG FL 33701 CITY ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition ☐ Change NAME DASALLA, J.F. NAME STREET ADDRESS 5155 2ND AVE NORTH STREET ADDRESS ST PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City - ST- ZIP CIT#ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE TITE F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 19 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

The Figure 1. The first the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated on this report of supplemental report is rue 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 19 or Block 11 if 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 19 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report or trustee effect as if made under oath, that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of

Daytime Phone #

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