


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000110915</b> 1. Entity Name <b>DENNIMAX CORP.</b>	
---	---

FILED  
05 JAN 20 PM 3:39

SECRET  
TALLAHASSEE



Principal Place of Business <b>11401 NW 12TH ST. RMU #27 MIAMI, FL 33172</b>	Mailing Address <b>11401 NW 12TH ST. RMU #27 MIAMI, FL 33172</b>
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1438688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GAMBOA, DENNIS 10885 NW 50 ST #103 MIAMI, FL 33178</b>	7. Name and Address of New Registered Agent Name <b>Gilberto Londono</b> Street Address (P.O. Box Number is Not Acceptable) <b>7360 N.W. 114 AVE APT # 208</b> City <b>MIAMI</b> FL Zip Code <b>33178</b>
--	---

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 *Gilberto Londono* DATE 1/19/05

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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	PD <b>GAMBOA, DENNIS</b> <b>10885 NW 50TH ST. #103</b> <b>MIAMI, FL 33178</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Gilberto LONDONO</b> <b>7360 NW 114 AVE A Partment 208</b> <b>MIAMI, FL 33178</b>
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Gilberto Londono* DATE 1/19/05 DAYTIME PHONE # 305-776-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR