

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90042 040 ***150.00

DOCUMENT # F03000004580	
1. Entity Name INTERMAX TRADING CORP.	

Principal Place of Business 250 W 57 ST., #1216 NEW YORK, NY 10107	Mailing Address 250 W 57 ST., #1216 NEW YORK, NY 10107
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54003311

2. Principal Place of Business 2079 Wantagh Avenue Suite, Apt. #, etc.	3. Mailing Address 2079 Wantagh Avenue Suite, Apt. #, etc.
City & State Wantagh, New York	City & State Wantagh, New York
Zip 11793	Country U.S.



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 22-2442891	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOHLI, VIVEK 8468 NW 77TH CT MIAMI, FL 33166	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	C KOHLI, VIVEK 10845 SW 138TH MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANJREKAR, INDIRA 40 RIVER ROAD, #21A NEW YORK, NY 10044 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manjrekar, Indira 44 Dante Avenue Hicksville, NY 11801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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 exemption stated in Section 119.07(3)(f), 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]*