

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13569

Entity Name: ANTON MAIX FABRICS, INC.

FILED  
Apr 16, 2005  
Secretary of State

## Current Principal Place of Business:

7667 W. SAMPLE RD  
#206  
CORAL SPRINGS, FL 33065 US

## Current Mailing Address:

7667 W. SAMPLE RD  
#206  
CORAL SPRINGS, FL 33065 US

FEI Number: 13-1835225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAIX, PATRICIA A  
7667 W. SAMPLE RD  
#206  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

222 LAKEVIEW AVE  
160  
WEST PALM BEACH, FL 33401 US

## New Mailing Address:

PMB 706  
222 LAKEVIEW AVE STE 160  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

MAIX, PATRICIA A  
208 FERN STREET  
1203  
WEST PALM BEACH, FL 33401 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:

04/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MAIX, PATRICIA  
Address: 7667 W. SAMPLE ROAD #206  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MAIX, PATRICIA  
Address: 208 FERN STREET STE 1203  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A. MAIX

PST

04/16/2005

Electronic Signature of Signing Officer or Director

Date