

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 028 ***150.00

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1. Entity Name

MAX OUTLET



Principal Place of Business
2801 W SUNRISE BLVD.
511
SUNRISE FL 33323

Mailing Address
3236 PROSPECT STREET NW
WASHINGTON DC 20007



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

1800 SAWGRASS MILLS CIRCLE
SUITE 2630

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

Zip

33323

Country

USA

Zip

Country

4. FEI Number

65-0872555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON FL 33331

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, 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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KARABASSIS, IRAKLIS
STREET ADDRESS 3236 PROSPECT STREET NORTHWEST
CITY-ST-ZIP WASHINGTON DC 20007

TITLE VD ☐ Delete
NAME KARABASSIS, CHRISTOS
STREET ADDRESS 3236 PROSPECT STREET NORTHWEST
CITY-ST-ZIP WASHINGTON DC 20007

TITLE SD ☐ Delete
NAME KARABASSIS, YASMINE
STREET ADDRESS 3236 PROSPECT STREET NW
CITY-ST-ZIP WASHINGTON DC 20007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Karabassis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 2-20-06

2023339792

Date

Daytime Phone #