

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90019 042 \*\*\*150.00

**DOCUMENT # H45806**

1. Entity Name  
**MAXSELL CORPORATION**



Principal Place of Business  
**4400 W. HILLSBORO BLVD  
SUITE #2  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**P. O. BOX 970057  
COCONUT CREEK, FL 33097 US**

07-12-2004



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0072088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROBERT L. KING  
2101 N. ANDREWS AVE, SUITE 200  
FT. LAUDERDALE, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONFINO, VICO 22445 ENSENADA WAY BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONFINO, PATRICIA 22445 ENSENADA WAY BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Patricia Confino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/04 (954) 571-2121**  
Date Citywide Phone #

Attachment

54061308

CPA

BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD SUITE C  
BOCA RATON, FLORIDA 33434  
TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

July 7, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Doc #H45806

To whom it may concern:

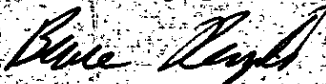
Enclosed please find a check in the amount of \$150.00, which represents the amount due for the annual renewal fee for our client, Maxsell Corporation as well as the form which we printed off the internet.

The taxpayer never received a notification of renewal. The taxpayer has always paid the renewals in a timely fashion, but was not aware that it was due until they received a notice to dissolve the corporation.

We are therefore requesting that the penalties be abated and accept the enclosed check.

Thanking you in advance for your assistance and considerations in this matter, I remain,

Sincerely yours,



Bruce Reingold