


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90062 027 \*\*\*150.00

<b>DOCUMENT # H45806</b> 1. Entity Name <b>MAXSELL CORPORATION</b>					
Principal Place of Business <b>4400 W. HILLSBORO BLVD SUITE #2 COCONUT CREEK, FL 33073 US</b>			Mailing Address <b>P. O. BOX 970057 COCONUT CREEK, FL 33097 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6601 LYONS ROAD</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE #D-1</b>		Suite, Apt. #, etc.			
City & State <b>COCONUT CREEK, FL</b>		City & State			
Zip <b>33073</b>		Country <b>USA</b>		4. FEI Number <b>65-0072088</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBERT L. KING 2780 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONFINO, VICO</b> <b>22445 ENSENADA WAY</b> <b>BOCA RATON, FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CONFINO, PATRICIA</b> <b>22445 ENSENADA WAY</b> <b>BOCA RATON, FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Vico Confino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/20/08</u> <u>(954) 571-2121</u> <small>Date Daytime Phone #</small>		