

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55841

Entity Name: MAXMED, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0096128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IDALIA PUENTE
5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUENTE, IDALIA
Address: 8230 NW 165TH TERR
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: BUZNEGO, MARIA ELENA,
Address: 7520 LOCHNESS DR
City-St-Zip: MIAMI LKS, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IDALIA PUENTE

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date