

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 039 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K70704**
 1. Entity Name
VIEWMAX CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2101 NW 55th Ave
 Suite, Apt. #, etc.

3. Mailing Address
2101 NW 5th Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

Zip
33313

Country
BROWARD

Zip
33317

Country
BROWARD

4. FEI Number
65-0112477

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **EDNA Gayle**

Street Address (P.O. Box Number is Not Acceptable)
881 NW 115 Ave

City **Plantation** FL Zip Code **33325**

8. The above named entity avouches 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 _____ DATE _____

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT LUTHER Gayle 881 NW 115th Ave Plant FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Secy/Treas. EDNA Gayle 881 NW 115th Ave. Plant FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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 on an attachment with an address, such as a power of attorney.

SIGNATURE x **Luther Gayle** / **LUTHER GAYLE** **President** **5/15/03** **954-724-4245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFE034B (12/02)