


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90001 012 ***550.00

DOCUMENT # K94930	
1. Entity Name AUTOMAX TRADING COMPANY	

Principal Place of Business % SANFORD LOFF 3440 HOLLYWOOD BLVD., #450 HOLLYWOOD, FL 33021 US	Mailing Address % SANFORD LOFF 1800 NE 114TH STREET, #1604 NORTH MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0162488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOFF, SANFORD A CPA
1800 NE 114TH STREET, #1604
NORTH MIAMI, FL 33181**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMPERSAD, LALCHAN POLE 163 EASTERN MAIN RD PETIT BOURG, TR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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:  **05-26-04** **(868) 638-1079**

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