

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-26-2007 90001 014 \*\*\*558.75

<b>DOCUMENT # K94930</b> 1. Entity Name <b>AUTOMAX TRADING COMPANY</b>					
Principal Place of Business <b>% SANFORD LOFF</b> <b>3440 HOLLYWOOD BLVD., #450</b> <b>HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>% SANFORD LOFF</b> <b>1800 NE 114TH STREET, #1604</b> <b>NORTH MIAMI, FL 33181 US</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o Misty Weikger</b> Suite, Apt. #, etc. <b>4010 Sheridan Street</b> City & State <b>Hollywood FL</b> Zip <b>33021</b> Country <b>USA</b>		3. Mailing Address <b>4010 Sheridan Street</b> Suite, Apt. #, etc. City & State <b>Hollywood FL</b> Zip <b>33021</b> Country <b>USA</b>			
4. FEI Number <b>65-0162488</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>LOFF, SANFORD A CPA</b> <b>1800 NE 114TH STREET, #1604</b> <b>NORTH MIAMI, FL 33181</b>			7. Name and Address of New Registered Agent Name <b>Weikger, Misty CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4010 Sheridan Street</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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 <b>Misty Weikger CPA</b> DATE <b>4/16/07</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>RAMPERSAD, LALCHAN</b> <b>POLE 163 EASTERN MAIN RD</b> <b>PETIT BOURG, TR</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
SIGNATURE: <b>LALCHAN RAMPERSAD</b> <b>Ganfurum</b> <b>06/12/07</b> <b>868-638-1079</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					