2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90023 026 ****50.00

DOCUMENT # L02000031574

1. Entity Name
FINMAX LLC

Principal Place of Business	Mailing Address
740 N OCEAN BLVD POMPANO BEACH, FL 33062	740 N OCEAN BLVD POMPANO BEACH, FL 33062

03242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5405 WHITE OAK LN.	5405 WHITE OAK LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33319 Country: USA BROWARD	Zip: 33319 Country: BROWARD

4. FEI Number 201084316 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIASENTE-FOLIGNO, MASSIMO 740 N OCEAN BLVD POMPANO BEACH, FL 33062	Name: PIASENTE-FOLIGNO, MASSIMO Street Address (P.O. Box Number is Not Acceptable): 5405 WHITE OAK LN. City: TAMARAC FL Zip Code 33319

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 [signature] MASSIMO PIASENTE-FOLIGNO, REGISTERED AGENT. 4/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIASENTE-FOLIGNO, MASSIMO 740 N OCEAN BLVD POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5405 WHITE OAK LN. TAMARAC, FL, 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MASSIMO PIASENTE-FOLIGNO MANAGING MEMBER 954-818-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/8/05 Daytime Phone #