LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031574

1. Entity Name

FINMAX LLC



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90039 041 ****50.00

DO I	NOT WRITE	IN THIS S	PACE	30059710
2. Principal Place of Bus	= -	3. Mailing Address (S	AME) Club De	
Suite, Apt. #. etc. SVITE 125		Suite, Apt. #, etc. SVI+E 125		DO NOT WRITE IN THIS SPACE
City & State POMPANO BEACH, FL		City & State Pompano Beach Fu		4. FEI Number Applied For Not Applied For
- Zip	Country	Zip	Country	\$5.00 \
33060	USA	33060		7. Name and Address of Current Registered Agent
	DO_NOT_WI		Name MAS.	SIMO PIASENTE - FOLIGINO PO. Box Number. is Not Acceptable)
	IN THIS OF		110 C	YPRESS CLUB DR. SVITE 125
				PANO BEACH FL 33060
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. THERE IS NO CHANGES. RENEWAL ONLY.				
SIGNATURE Signature, typed or printed the deflicable of registered spatiate interest spatiate in the spatial interest spatial				
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS				
	IMO PIASENT YBER (MGR		TITLE NAME	
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TITLE	PANO BEACH,	FL, 33060	TITLE	
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11. I hereby certify that the information supplied with this filling 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: MASSINO PIASENTE-FOLIGNO 4/21/03 954-8/8-1017-				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #				