

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 041 ****50.00

DOCUMENT # L02000031574

1. Entity Name

FINMAX LLC



DO NOT WRITE IN THIS SPACE

30059710

2. Principal Place of Business 110 CYPRESS CLUB DR. Suite, Apt. #, etc. SUITE 125 City & State POMPANO BEACH, FL Zip 33060 Country USA		3. Mailing Address (SAME) 110 CYPRESS CLUB DR. Suite, Apt. #, etc. SUITE 125 City & State POMPANO BEACH, FL Zip 33060 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number N/A	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

(T) Name and Address of Current Registered Agent	
Name MASSIMO PIASENTE-FOLIGNO	
Street Address (P.O. Box Number is Not Acceptable) 110 CYPRESS CLUB DR. SUITE 125	
City POMPANO BEACH	FL Zip Code 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 MASSIMO PIASENTE-FOLIGNO DATE 4/21/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASSIMO PIASENTE-FOLIGNO MEMBER (MGRM) 110 CYPRESS CLUB DR. SUITE 125 POMPANO BEACH, FL, 33060

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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: MASSIMO PIASENTE-FOLIGNO DATE 4/21/03 DAYTIME PHONE # 954-818-1017

CR2E083B (12/02)