

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038559

Entity Name: MAXICOM LLC

FILED  
Apr 17, 2006  
Secretary of State

**Current Principal Place of Business:**

2491 NW 95 ST  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570149  
MIAMI, FL 33257

**New Mailing Address:**

FEI Number: 56-2406074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFORD, KALLIOPI  
2491 NW 95 ST  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALFORD, KALLIOPI  
Address: PO BOX 570149  
City-St-Zip: MIAMI, FL 33257

Title: MGR ( ) Delete  
Name: NAKONEWCZNYJ, ATHENA  
Address: 78 SMITH ST.  
City-St-Zip: ALISTON, ONTARIO, CA L9R 2A2

Title: MGR ( ) Delete  
Name: SMITH, SHADDON D  
Address: 986 EDWIN REYNOLDS RD  
City-St-Zip: COTTONWOOD, AL 36320

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: NAKONEWCZNYJ, ATHENA  
Address: 78 SMITH ST.  
City-St-Zip: ALISTON, ONTARIO, CA L9R-2A2

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KALLIOPI ALFORD

MGR

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date