## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000048054

Entity Name: COMPU-MAX LLC

City-St-Zip:

FILED Dec 18, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
12165 NW NORT MIA	'6TH AVE AMI, FL 33168	US				
Current Mailing Address:			New Mailing Address:			
2910 NW 5	56TH AVE					
C-303 LAUDERH	IILL, FL 33313	US				
FEI Number	: 57-1207712	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certific	ate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
2910 NW S C-303 LAUDERH The above	HILL, FL 33313		ourpose of changing i	ts registere	d office or	registered agent, or both
SIGNATUI	RE:					
Electronic Signature of Registered Age			nt Date			
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () TOUSSAINT, EM 2910 NW 56TH A LAUDERHILL, F	AVE APT C-303	Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	MGRM () POMPILUS, DAF 12165 NW 6TH A NORT MIAMI, FL	AVE	Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	MGRM ( ) Change (X) Addition ADELINE, BASTIEN 1051 NE 140 ST N. MIAMI, FL 33161 00		
Title: Name: Address:	( )	Delete	Title: Name: Address:	MGRM DAMAS, HU 175 NW 12	IGO	(X) Addition

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.

City-St-Zip: N. MIAMI, FL 33168 00

SIGNATURE: THOUSSAINT EMILTHON M MGRM 12/18/2006