

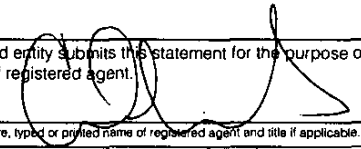
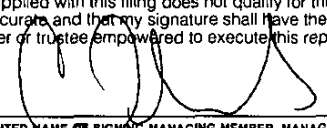


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90309 010 ****50.00

DOCUMENT # L04000081976 1. Entity Name MAXO RETAIL, LLC					
Principal Place of Business 2700 NW 112TH AVENUE MIAMI, FL 33172			Mailing Address 2700 NW 112TH AVENUE MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 5595 Orange Drive		3. Mailing Address 5595 Orange Dr.			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101			
City & State Davie, FL		City & State Davie, FL			
Zip 33314		Zip 33314			
Country U.S.		Country U.S.		02072007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1872916				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent OCHOA, CARLOS I 2700 NW 112TH AVENUE MIAMI, FL 33172	
7. Name and Address of New Registered Agent Name Ochoa, Carlos I Street Address (P.O. Box Number is Not Acceptable) 5595 Orange Drive #101 City Davie FL Zip Code 33314				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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OCHOA, IVAN 2700 NW 112TH AVENUE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OCHOA, CARLOS I 2700 NW 112TH AVENUE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIU FUNG LAM 2700 NW 112TH AVENUE MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	