2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # L07000118192** 04-21-2008 90310 021 ***138.75 MAXIM EXPORT, LLC Principal Place of Business Mailing Address 60025756 4983 SW 163RD AVENUE 4983 SW 163RD AVENUE MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 148 350 SW 148 Ave, <u>350 SW</u> Suite, Apt. #, etc Suite, Apt. #, etc 04082008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Mira Not Applicable Country Country Zip \$5.00 Additional 3.3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABANAS, JOSEPH F 10520 NW 26TH STREET, STE C-201 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33172 City Zip Code F۱ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR ☐ Addition TITLE Change TITLE ☐ Delete Venezia, Antonio 3350 SW 148 Que - STE. VENEZIA ANTONIO NAME NAME STREET ADDRESS 4983 SW 163RD AVENUE STREET ADDRESS CITY-ST-ZIP ,33017 MIRAMAR, FL 33027 CITY-ST-ZIP Mira Mar MGR **X**LChange MGR ☐ Addition TITLE Delete TITLE CHAVEZ, Dennys 2350 SW 148ave .- STE. CHAVEZ, DENNYS NAME NAME STREET ADDRESS 4983 SW 163RD AVENUE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP Mirama TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE FITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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 Antonio Venezia