## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22772

**Entity Name: MAXXTRANS CORPORATION** 

FILED Jul 23, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7821 NW 72 AVE P O BOX 669366

MEDLEY, FL 33166 US MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

7821 NW 72 AVE P O BOX 669366

MEDLEY, FL 33166 US MIAMI, FL 33166 US

FEI Number: 59-2987098 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MARTINEZ, NELSON
7821 NW 72 AVE
MARTINEZ, NELSON
1654 N W 113 WAY

MEDLEY, FL 33166 US PEMBROKE PINES, FL 33026 US

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: 07/23/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

( ) Delete

Title:

Title: P (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MARTINEZ, NELSON
 Name:
 MARTINEZ, NELSON

 Address:
 1092 HIDDEN VALLEY WAY
 Address:
 1654 N W 113 WAY

City-St-Zip: WESTON, FL 33327 City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTINEZ, INGRID L.
 Name:

 Address:
 1092 HIDDEN VALLEY WAY
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

 Name:
 YOUSUF, MICHELLE
 Name:
 YOUSUF, MICHELLE

 Address:
 1509 CANARY ISLAND DR
 Address:
 1092 HIDDEN VALLEY WAY

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 WESTON, FL 33327

Title: S () Delete Title: () Change () Addition

 Name:
 MARTINEZ, INGRID L
 Name:

 Address:
 1092 HIDDEN VALLEY WAY
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON A MARTINEZ PRES 07/23/2005