## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42322

City-St-Zip:

HOLLYWOOD, FL 33019

Entity Name: MAXIMA DISTRIBUTORS, INC.

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1500 S. OC UNIT # 6-I HOLLYWO	DEAN DR. DOD, FL 33019	US			
Current Ma	ailing Address	:	New Mailing Address	New Mailing Address:	
1500 S. OCUNIT # 6-I HOLLYWO	OD, FL 33019	US FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DIAZ, RAM 1500 S. OC UNIT # 6-I HOLLYWO		US			
The above in the State		ıbmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD () [ DIAZ, RAMON 1500 S. OCEAN	Delete DR., UNIT # 6-I	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAMON DIAZ PD 04/11/2009