

2005 FOR PROFIT CORPORATION ANNUAL REPORT


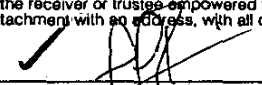
FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 028 ***150.00

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02272005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000002444			
1. Entity Name MIMAX BUSINESS TECH INC.			
Principal Place of Business 7211 W 24 AVE UNIT 2325 HIALEAH, FL 33016		Mailing Address 7211 W 24 AVE UNIT 2325 HIALEAH, FL 33016	
2. Principal Place of Business 5135 SW 155 Avenue		3. Mailing Address 5135 SW 155 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, Fl		City & State Miramar, Fl	
Zip 33027	Country USA	Zip 33027	Country USA
4. FEI Number 65-0973863		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCO, MAXIMO 7211 W 24 AVE UNIT 2325 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Franco, Maximo Street Address (P.O. Box Number is Not Acceptable) 5135 SW 155 Avenue City Miramar FL Zip Code 33027	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FRANCO, MAXIMO 7211 W 24 AVENUE #2325 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5135 SW 155 Avenue Miramar, Fl 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VILORIA-FRANCO, MARIA 7211 W 24 AVENUE #2325 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5135 SW 155 Avenue Miramar, Fl 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2-27-05 Daytime Phone #: 954-4381540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	