


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 029 ***150.00

DOCUMENT # P0000002444
1. Entity Name
MIMAX BUSINESS TECH INC.



Principal Place of Business Mailing Address
5135 SW 155 AVENUE 5135 SW 155 AVENUE
MIRAMAR, FL 33027 US MIRAMAR, FL 33027 US

40021146

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01312007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0973863 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANCO, MAXIMO
5135 SW 155 AVENUE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, MAXIMO			NAME			
STREET ADDRESS	5135 SW 155 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILORIA-FRANCO, MARIA			NAME			
STREET ADDRESS	5135 SW 155 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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: [Signature] Date: 2-12-07 Daytime Phone #: 954-4381540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR