

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000069703

1. Entity Name
MAXIMUM LABORATORIES, INC.



Principal Place of Business
13908 SW 139TH COURT
MIAMI, FL 33186

Mailing Address
13908 SW 139TH COURT
MIAMI, FL 33186

2. Principal Place of Business

8603 N.W. 66 ST.

Suite, Apt. #, etc.

City & State

MIAMI

Zip
33166

Country

3. Mailing Address

8603 N.W. 66 ST.

Suite, Apt. #, etc.

City & State

MIAMI

Zip
33166

Country

FL.

07142006

Chg. P

CR25034 (11/05)

4. FEI Number

65-1072289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, NICOLAS B
13908 SW 139TH COURT
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
CLARA C. BLANCO

Street Address (P.O. Box Number is Not Acceptable)

17160 S.W. 138 CT.

City

MIAMI

FL

Zip Code
33177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CALVO, DIEGO
CENTRO COMERCIAL EL SOL URB, SANTA PAULA
NIVEL OFICIANA, CARACAS VEN,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200080191822
09/26/06--01071--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200080191822
12/05/06--01023--011 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 supplement to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 DEC -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09/20/06

12/01/06 (305) 597-7340

B Mitchell DEC - 5 2006