

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069703

Entity Name: MAXIMUM LABORATORIES, INC.

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

8603 N.W. 66TH STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8603 N.W. 66TH STREET  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-1072289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, RAMON C.P.A.  
1400 S.W. 27 AVE. ST. 102  
MIAMI, FL 33145 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CALVO, DIEGO  
Address: CENTRO COMERCIAL EL SOL URB, SANTA PAULA  
City-St-Zip: NIVEL OFICIANA, CARACAS VEN,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: RINCONES, ROJAS BEATRIZ  
Address: 8603 NW 66 ST.  
City-St-Zip: MIAMI, FL 33166

Title: JVP ( ) Change (X) Addition  
Name: CALVO, RINCONES J DIEGO  
Address: 8603 NW 66 ST.  
City-St-Zip: MIAMI, FL 33166

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: DIEGO CALVO DE LA CRUZ

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01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date