


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90406 033 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P00000085101 | | | |  | |
| 1. Entity Name CHEZ MAXIME, INC. | | | | | |
| Principal Place of Business 4967 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445 | | | Mailing Address 4967 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1076671 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GRAHAM, MAURICE ESQ. 331 EAST PROSPECT ROAD OAKLAND PARK, FL 33334 | | | | 7. Name and Address of New Registered Agent Name <u>Mohamed Hamdy</u> Street Address (P.O. Box Number is Not Acceptable) <u>4967 W. Atlantic</u> City <u>Delray Beach</u> FL Zip Code <u>33445</u> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 | PTSD ABDIN, AMMAR 9082 PERTN RD LAKE WORTH, FL 33467 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD MONIR HAMDY 4967 W ATLANTIC AV DELRAY BEACH FL 33445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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04152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1076671

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

GRAHAM, MAURICE ESQ.
331 EAST PROSPECT ROAD
OAKLAND PARK, FL 33334

Name Mohamed Hamdy
Street Address (P.O. Box Number is Not Acceptable)
4967 W. Atlantic
City Delray Beach FL Zip Code 33445

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 _____

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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.

[Handwritten signature]

4/12/05