2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90232 017 ***150.00

DOCUMENT # P00000115005

1. Entity Name
SERVI-MAX EXPRESS, INC.

Principal Place of Business	Mailing Address
4232 53RD AVE W 2516 BRADENTON, FL 34210	4232 53RD AVE W 2516 BRADENTON, FL 34210

02082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1040 Marlin Lake Circle	P.O. Box 8147
Suite, Apt. #, etc.: Apt 1628	Suite, Apt. #, etc.:
City & State: Sarasota, FL	City & State: Longboat Key, FL
Zip: 34232 Country:	Zip: 34228 Country:

4. FEI Number: 65-1077932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENUCCI, ROBERTO E 6050 34TH ST W #1103 BRADENTON, FL 34210	Name: Benucci, Roberto E Street Address (P.O. Box Number is Not Acceptable): 1040 Marlin Lake Circle Apt 1628 City: Sarasota, FL Zip Code: 34232

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] 2/8/2006
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
After May 1, 2006 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BENUCCI, ROBERTO E 4232 53RD AVE W # 2516 BRADENTON, FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Benucci, Roberto E. 1040 Marlin Lake Cir, Apt 1628 Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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] 2/8/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #