

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028001

Entity Name: LOUMAX DEVELOPMENT, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

312 SW 7TH AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5501
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 59-3707151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, MICHAEL
5064 NW 66 LN
CORAL SPRINGS, FL 33067 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: D () Delete
Name: MARKUS, NEAL J
Address: 1110 OYSTERWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: FISHMAN, MICHAEL S
Address: 5064 NW 66TH LANE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL FISHMAN

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date