


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000032216</b>	
1. Entity Name PAX MANAGEMENT, CORP.	

Principal Place of Business 6280 NW 111 TER HIALEAH, FL 33012	Mailing Address 6280 NW 111 TER HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1090665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GONZALEZ, JOSE C 6280 NW 111 TER HIALEAH, FL 33012	

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000944811 05/29/08-80115-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, JOSE S 7225 W 11TH CT APT 204 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, JOSE C 6280 NW 111 TER HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

SIGNATURE Jose C. Gonzalez V.P. 4/29/08 786-299-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

JOSE C. GONZALEZ