2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-25-2008 90105 006 ***150 00 DOCUMENT # P01000035260 1. Entity Name MAX & TOPAZ, INC. 40080799 Principal Place of Business Mailing Address 10750 SW 24TH STREET 10750 SW 24TH STREET MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. CR2E034 (12/06) 04222008 Chg-P City & State City & State 4. FEI Number Applied For 65-1102082 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Felix C Garcia GARCIA ACCOUNTING & TAX SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) Garcia Accounting & Tax Services Inc 10750 SW 24TH STREET MIAMI, FL 33165 10750 S W 24th Street Miami Zip Code 33165 8. The above named entity submits this statement for the purpose of changing egistered 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)... **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee: will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PST ☐ Delete TITLE ☐ Change ☐ Addition TITLE BERKENSTADT, DANIEL E NAME NAME STREET ADDRESS 9601 COLLINS AVENUE #508 STREET ADDRESS CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME KOISMAN, MARTA R 9601 COLLINS AVENUE #508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary Office Man. □ Change Addition NAME NAME Felix C Garcia STREET ADDRESS STREET ADDRESS 10750 S W 24th St Miami F1 33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIME ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HILE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_BT-ZIP 12. I hereby certify that the information supplied with this filling 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 is 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 addyess, with all other like empowered. 305 551 4959 04 22 08 SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING AFFICER OR DIRECTOR Daytime Phone

FILED

Apr 25, 2008 8:00 am Secretary of State