. 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P01000043201 1. Entity Name MAX RICART, PA Principal Place of Business Mailing Address 6428 SW 11 ST 6428 SW 11 ST MIAMI, FL 33144 MIAMI, FL 33144 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1109255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALFONSO, ARTURO R DO NOT WRITE 7821 CORAL WAY **SUITE 125** IN THIS SPACE MIAMI, FL 33155 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 little it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 400000124167 10. OFFICERS AND DIRECTORS TITLE **PVST** RICART, MAX NAME STREET ADDRESS 6428 SW 11ST CITY-ST-ZIP MIAMI, FL 33144 BBE D RICART, MAX NAME STREET ADDRESS 6428 SW 11ST C(T) - ST - Z3P MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST- DP រានទ NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

STREET ADDRESS CMY-ST-ZP ME NAME STREET ADDRESS CITY-SY-ZIP

FILED