

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057247

1. Entity Name
MAXIDUS ENTERPRISES, INC.



FILED

04 OCT 19 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7547 NW 2TH CT
PLANTATION, FL 33317

Mailing Address
7547 NW 2TH CT
PLANTATION, FL 33317



2. Principal Place of Business

1925 N.E. 45th St.
Suite, Apt. #, etc.
Suite 229

3. Mailing Address

361-N.W. 37th St.
Suite, Apt. #, etc.

09212004

Chg-P

CR2E034 (10/03)

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-1117672

Applied For

Not Applicable

Zip

33308

Country

BROWARD

Zip

33309

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOCE, MAXWELL
2122 SW 81ST WAY
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name
Maxwell Vace

Street Address (P.O. Box Number is Not Acceptable)
361-N.W. 37th Street

City

Fort Lauderdale FL

Zip Code

33309

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]

(NOTE: Registered Agent signature required when reinstating)

10.15.04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VOCE, MAXWELL	
STREET ADDRESS	7547 NW 2ND CT	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900041972419
CITY-ST-ZIP	10/19/04--01014--019 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.15.04 (305) 793-8345

Date

Daytime Phone