



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90272 050 ***158.75

DOCUMENT # P01000060415 1. Entity Name MAXIMUM FIRE SPRINKLER CORP.					
Principal Place of Business 773 N.W. 154TH AVENUE PEMBROKE PINES, FL 33028			Mailing Address 773 N.W. 154TH AVENUE PEMBROKE PINES, FL 33028		
2. Principal Place of Business 100 NW 190 AVE Suite, Apt. #, etc. Pembroke Pines, FL City & State		3. Mailing Address 100 NW 190 AVE Suite, Apt. #, etc. Pembroke Pines, FL City & State		40002501 	
Zip 33029 Country		Zip 33029 Country		01092006 Chg-P CR2E034 (11/05)	
4. FEI Number 30-0033510				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDEFUR, EUGENE JR 773 N.W. 154TH AVENUE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name Eugene Sandefur Jr Street Address (P.O. Box Number is Not Acceptable) 100 NW 190 AVE City Pembroke Pines FL Zip Code 33029		
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 <u>Eugene J Sandefur Jr, President</u> DATE <u>1-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDEFUR, EUGENE JR 773 N.W. 154TH AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 NW 190 AVE Pembroke Pines FL 33029		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARAUJO, JULIO 773 N.W. 154TH AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 NW 190 AVE Pembroke Pines FL 33029		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: <u>Eugene J Sandefur Jr, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-18-06</u> Daytime Phone # <u>786-229-7260</u>		