

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061160 1. Entity Name WHEEL MAX, INC.	
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Principal Place of Business 10460 SW 186 ST MIAMI, FL 33157	Mailing Address 10460 SW 186 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1089549	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AZADI, JAVAD
15640 SW 77TH AVENUE
MIAMI, FL 33157-2425

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IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

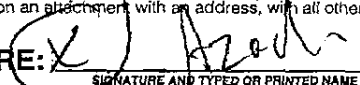
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AZADI, JAVAD 15640 SW 77TH AVENUE MIAMI, FL 331572425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AZADI, BEHNAM 10460 SW 186 STREET MIAMI, FL 33157
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IN THIS SPACE**

U00000194048
01/25/05-80084-025 158.75
005-4500453-1003068736
DEPOSIT ONLY 158.75
01/25/05-80084-025

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Vice Pres** 1-20-05 305-259-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #