2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-18-2007 90003 048 ***158.75

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1. Entity Name
WHEEL MAX, INC.

Principal Place of Business	Mailing Address
10460 SW 186 ST MIAMI, FL 33157	10460 SW 186 ST MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2000 NW 96th Ave	2000 NW 96th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

06142007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
AZADI, JAVAD 15640 SW 77TH AVENUE MIAMI, FL 33157-2425	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AZADI, JAVAD	NAME	
STREET ADDRESS	~~15640 SW 77TH AVENUE~~ 2000 N.W. 96 Ave	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL ~~331672425~~ 33172	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AZADI, BEHNAM	NAME	
STREET ADDRESS	~~10460 SW 186 STREET~~ 2000 N.W. 96 Ave.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL ~~33157~~ 33172	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 6-14-07 305-345-7691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #