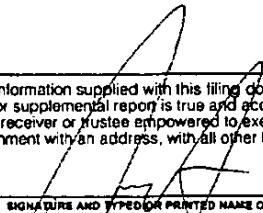


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-18-2007 90003 048 ***158.75

DOCUMENT # P01000061160			
1. Entity Name WHEEL MAX, INC.			
Principal Place of Business 10460 SW 186 ST MIAMI, FL 33157		Mailing Address 10460 SW 186 ST MIAMI, FL 33157	
2. Principal Place of Business - No. P.O. Box 2000 NW 96 Ave Suite, Apt. #, etc.		3. Mailing Address 2000 NW 96 Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33172		Country USA	
4. FEI Number 65-1089549		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		06142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent AZADI, JAVAD 15640 SW 77TH AVENUE MIAMI, FL 33157-2425		7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS AZADI, JAVAD 15640 SW 77TH AVENUE MIAMI, FL 33157-2425 2000 N.W. - 96 Ave 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AZADI, BEHNAM 10460 SW 186 STREET MIAMI, FL 33157 2000 N.W. - 96 Ave 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ 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: 		Date: 6-14-07 Daytime Phone #: 305-345-7691	

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