
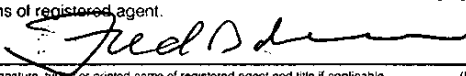
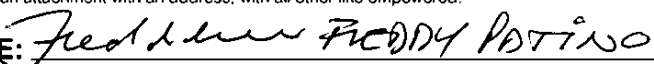


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 020 ***150.00

DOCUMENT # P01000089855 1. Entity Name PROVEMAX INTERNATIONAL, CORP.					
Principal Place of Business 250 SW 159 AVE. SUNRISE, FL 33326			Mailing Address 250 SW 159 AVE. SUNRISE, FL 33326		
2. Principal Place of Business 7200 RADICE CT. #206 Suite, Apt. #, etc. 206		3. Mailing Address 7200 RADICE CT. #206 Suite, Apt. #, etc. 206			
City & State LAUDERHILL FL		City & State LAUDERHILL FL		4. FEI Number 65-1136390	
Zip 33319		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATINO, FREDDY 250 SW 159 AVE. SUNRISE, FL 33326				7. Name and Address of New Registered Agent Name FREDDY PATINO Street Address (P.O. Box Number is Not Acceptable) 7200 RADICE CT. #206 City LAUDERHILL FL Zip Code 33319	
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:  DATE: 01/30/05 <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, 2005 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	PD PATINO, FREDDY B 250 SW 159 AVE. SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, ALFREDO 250 SW 159 AVE. SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATINO, ALEIDA S 250 SW 159 AVE. SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSTOS, MARTHA 250 SW 159 AVE. SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  DATE: 01/30/05 DAYTIME PHONE: 954 780 3205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					