2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P02000069530

1. Entity Name
MAXAM RESOURCES, INC.

Principal Place of Business
19052 NW 23RD STREET
PEMBROKE PINES FL 33029

Mailing Address
19052 NW 23RD STREET
PEMBROKE PINES FL 33029

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
19052 N.W 23rd St.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip
33029   Country

3. Mailing Address
SAME

Suite, Apt. #, etc.
NO CHANGE

City & State

Zip   Country

4. FEI Number
04-3693749

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
BLUM, JOHN S 19052 NW 23RD STREET PEMBROKE PINES FL 33029	Name SAME Street Address (P.O. Box Number is Not Acceptable) NO CHANGE 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 JOHN S. BLUM, PRESIDENT   /s/   4/28/03

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT NAME JOHN S. BLUM STREET ADDRESS 19052 N.W 23rd St. CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE PEMBROKE PINES NAME FLORIDA. 33029 STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: JOHN S. BLUM / PRESIDENT   PRESIDENT   4/28/03   (954) 914-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #