

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90156 002 ***158.75

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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

2. Principal Place of Business

19052 N.W 23rd St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO CHANGE

CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES FL

City & State

4. FEI Number
04-3693749

Applied For

Not Applicable

Zip
33029

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	JOHN S. BLUM	19052 N.W 23 rd St.		<input type="checkbox"/>
	PEMBROKE PINES	FLORIDA. 33029		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 (954) 914-9750

CR2E034 (10/02)