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Jul 11, 2003 8:00 am
Secretary of State
07-11-2003 90055 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074266

1. Entity Name
MAXIMUM INVESTMENTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
6995 W 25 LANE HIALEAH, FL 33016	6995 W 25 LANE HIALEAH, FL 33016

[redacted]

2. Principal Place of Business	3. Mailing Address
9655 S. Dixie Hwy	5775 Collins Ave
Suite, Apt. #, etc.: Suite 117	Suite, Apt. #, etc.: Suite 203
City & State: Pinecrest, FL	City & State: Miami Beach, FL
Zip: 33156 — Country: USA	Zip: 33140 — Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3674631 — 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
PARRALES, ANIBAL JR. 6995 W 25 LANE HIALEAH, FL 33016	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: ______________________ DATE

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	P PARRALES, ANIBAL JR. 6995 W 25 LANE HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Humberto J. Azor 9710 SW 29 Street Miami, FL 33165 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RODRIGUEZ, FRANK A 622 EAST 21 ST HIALEAH, FL 33013 ☐ 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
TITLE / NAME / 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/30/03 305-775-8588

CR2E034 (10/02)