

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076626

Entity Name: VESTAMAX CORPORATION

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3925 N ANDREWS AVE
#109
FT LAUDERDALE, FL 33309

Current Mailing Address:

3925 N ANDREWS AVE
#109
FT LAUDERDALE, FL 33309

New Principal Place of Business:

3801 W COMMERCIAL BLVD
#211
FT LAUDERDALE, FL 33309

New Mailing Address:

3801 W COMMERCIAL BLVD
#211
FT LAUDERDALE, FL 33309

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALWAJI, MOU
3925 N ANDREWS AVE
#109
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

HALWAJI, MO
3801 W COMMERCIAL BLVD
#211
FT LAUDERDALE, FL 33309 US

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.

SIGNATURE: MO HALWAJI

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOU, HALWAJI
Address: 3925 N ANDREWS AVE #109
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MO, HALWAJI
Address: 3801 W COMMERCIAL BLVD #211
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MO HALWAJI

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date