

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90249 013 ***150.00

DOCUMENT # P02000093657 1. Entity Name MAXIMUM COUNSELING SERVICES, INC.					
Principal Place of Business 12550 BISCAYNE BLVD. #500 NORTH MIAMI, FL 33181			Mailing Address 12550 BISCAYNE BLVD. #500 NORTH MIAMI, FL 33181		
2. Principal Place of Business 915 NE 125th Street Suite, Apt. #, etc. #310		3. Mailing Address 915 NE 125th Street Suite, Apt. #, etc. #310			
City & State North Miami, FL Zip 33161		City & State North Miami, FL Zip 33161		4. FEI Number 72-1532493	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, SHERMAN 12550 BISCAYNE BLVD. #500 MIAMI, FL 33181			7. Name and Address of New Registered Agent Name Sherman Brown Street Address (P.O. Box Number is Not Acceptable) 915 NE 125th Street #310 City North Miami, FL Zip Code 33161		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P BROWN, SHERMAN 12550 BISCAYNE BLVD. #500 MIAMI, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Sherman Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-5-04 305-895-2626 <small>Date Daytime Phone #</small>		