
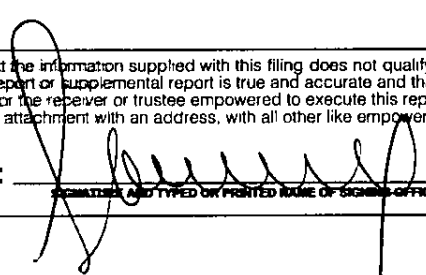


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000097772		
1. Entity Name MAX FURNITURE, INC.		
Principal Place of Business 2117 NW STATE RD. 7 LAUDERHILL, FL 33313		Mailing Address 2117 NW STATE RD. 7 LAUDERHILL, FL 33313
DO NOT WRITE IN THIS SPACE		
		07072006 No Chg-P CR2E034 (11/05)
		4. FEI Number 16-1636390
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAYLOR, AUDREY 2117 NW STATE RD 7 LAUDERHILL, FL 33312		DO NOT WRITE IN THIS SPACE
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: 07/11/06-80019-005 150.00		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAS, JORGE R 2117 NW STATE RD 7 LAUDERHILL, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, AUDREY 2117 NW STATE RD 7 LAUDERHILL, FL 33312	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		7/7/06 954-486-7804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #