2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU	MENT # P02000097	FILED					
1. Entity Name MAX FURNITURE, INC.				/ I	OCT II AH 7:		
Principal Place of Business Mailing Address				PROMETARY OF STATE TALLAHASSEE, FLORIDA			
2117 NW STATE RD. 7 2117 NW STATE RD. 7			•	I AL	LAHASSEE, FLO	RIDA	
LAUDERHILL, FL 33313 LAUDERHILL, FL 33313				5 IR BIJURI IJI BRSIR NIBSI B	Altı BRIIK SAM SAM ISMI IBRI 1881		
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	te, Apt. #, etc.		PATERMAN	12/06)	
City & State City & State		City & State		4. FEI Number 16-1636390	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable	
Zip	Country Zip Cou		Country	Certificate of Status		75 Additional	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TAYLOR,	AUDREY	Name					
2117 NW STATE RD 7 LAUDERHILL, FL 33312			Street Addres	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. am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
i .	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	 Election Campaid Trust Fund Control 		5.00 May Be dded to Fees			
10.	OFFICERS AND I	DIRECTORS Delete	11.		S TO OFFICERS AND DIR		
TITLE NAME	GALLAS, JORGE R	TITLE NAME	President Audrey Taylo	n _	Change Addition		
STREET ADDRESS CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · ·			2117 No State	_RJ 7 - 33317_		
TITLE	S	Delete	TITLE	ouderfull FL		Change Addition	
NAME STREET ADDRESS	TAYLOR, AUDREY 2117 NW STATE RD 7		NAME STREET ADDRESS	Jamuel Ventur	L RIT		
CITY-ST-ZIP	LAUDERHILL, FL 33312		CITY-ST-ZIP	auduhill FL	- 33312		
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TITLE NAME		☐ Delete	TITLE			Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated of the cor	certify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that m wered to execute this report.	ny signature shall have th as required by Chapter (ned in Chapter 119, Florida 5 ne same legal effect as if ma 607, Florida Statutes; and tha	Statutes, 1 further certify th de under oath; that I am ar it my name appears in Blo	at the information officer or director ck 10 or Block 11 if	
changed	or on an attachmen with an address, v	with all owner like empowered.	× 4				
SIGNATURE:							