


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90037 043 \*\*\*158.75

<b>DOCUMENT # P03000008368</b> 1. Entity Name <b>CYBERMAX INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>250 72 DRIVE NORTH WEST PALM BEACH, FL 33413</b>			Mailing Address <b>250 72 DRIVE NORTH WEST PALM BEACH, FL 33413</b>		
2. Principal Place of Business <b>250 Truck &amp; Trailer Way</b>		3. Mailing Address <b>250 Truck &amp; Trailer Way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>W. Palm Beach, Fl.</b>		City & State <b>W. Palm Beach, Fl.</b>		4. FEI Number <b>04-3742614</b>	
Zip <b>33413-1605</b>		Country <b>USA</b>		5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COMMANDER, JONATHAN D</b> <del>205 WORTH AVE STE 204</del> <b>4524 Gun Club Rd.</b> <del>PALM BEACH, FL 33480</del> <b>Suite 105</b> <b>W. Palm Beach, Fl.</b> <b>33415</b>			7. Name and Address of New Registered Agent Name <b>Jonathan D. Commander</b> Street Address (P.O. Box Number is Not Acceptable) <b>4254 Gun Club Road, Suite 105</b> City <b>W. Palm Beach</b> <b>FL</b> Zip Code <b>33415</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD EVERETT, JOHN M 577 S. COUNTRY CLUB DR ATLANTIS, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERETT, LYNN M 577 S. COUNTRY CLUB DR. ATLANTIS, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALDERAZI, JOSE M LAPAMPA 2768, PISO11-B AGE. BUENOS AIROS, ARGENTINA, c1428 eax		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALDERAZI, CRISTINA LAPAMPA 2768, PISO 11-B BUENOS AIROS, ARGENTINA, c1428 eax		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	
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	
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.					
<b>SIGNATURE:</b> _____ John M. Everett			1/16/06 561 719-6614 Date Daytime Phone #		