

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000008368**

1. Entity Name  
**CYBERMAX INTERNATIONAL CORPORATION**



Principal Place of Business  
**250 TRUCK & TRAILER WAY  
WEST PALM BEACH, FL 33413-1605**

Mailing Address  
**250 TRUCK & TRAILER WAY  
WEST PALM BEACH, FL 33413-1605**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3742614**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COMMANDER, JONATHAN D  
4524 GUN CLUB RD.  
STE 105  
WEST PALM BEACH, FL 33415**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	EVERETT, JOHN M
STREET ADDRESS	577 S. COUNTRY CLUB DR
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	S
NAME	EVERETT, LYNN M
STREET ADDRESS	577 S. COUNTRY CLUB DR.
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	VT
NAME	CALDERAZI, JOSE M
STREET ADDRESS	LAPAMPA 2768, PISO11-B AGE.
CITY-ST-ZIP	BUENOS AIROS, ARGENTINA, c1428 eax
TITLE	S
NAME	CALDERAZI, CRISTINA
STREET ADDRESS	LAPAMPA 2768, PISO 11-B
CITY-ST-ZIP	BUENOS AIROS, ARGENTINA, c1428 eax
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000585106  
01/12/07-80065-001 158.75

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN M. EVERETT, President**

**1/09/2007 561-471-7696**  
Date Daytime Phone #