

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90518 022 ***150.00

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DOCUMENT # P03000029750 1. Entity Name MAXSTAR DISTRIBUTORS, CORP.					
Principal Place of Business 7876 NW 52ND ST MIAMI, FL 33166			Mailing Address 7876 NW 52ND ST MIAMI, FL 33166		
2. Principal Place of Business 4236 West 16th Ave		3. Mailing Address 4236 West 16th Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 16-1658663	
Zip 33012		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33012		Country MIAMI-DADE		6. Name and Address of Current Registered Agent CHALLA, LUISA M 7876 NW 52ND ST MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name CHALLA, LUISA M. Street Address (P.O. Box Number is Not Acceptable) 4236 West 16th Ave City HIALEAH FL Zip Code 33012		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 _____					
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	PS CHALLA, LUISA M 1161 W 42ND ST HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GONZALEZ, HAROLD M 14180 SW 84TH ST #G406 MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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><i>Luisa M. Challa</i></u> March 14, 04 (305) 477-1114 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					