

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90096 001 ***450.00

DOCUMENT # P03000029750

1. Entity Name
MAXSTAR DISTRIBUTORS, CORP.



Principal Place of Business
**1570 WEST 43RD PLACE
SUITE 1 & 2
HIALEAH, FL 33012**

Mailing Address
**4238 W. 16TH AVE.
HIALEAH, FL 33012**

66020316



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1161 West 42nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092007

Chg-P

CR2E034 (12/06)

City & State

City & State

HIALEAH FL

4. FEI Number

16-1658663

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHALLA, LUISA M
4236 W 16TH AVE.
HIALEAH, FL 33012**

Name

CHALLA, LUISA M.

Street Address (P.O. Box Number is Not Acceptable)

1161 West 42nd ST

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

Luisa M. Challa

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

(NOTE: Registered Agent signature required when reinstating)

07-10-2007

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CHALLA, LUISA M
1161 W 42ND ST
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 information empowered.

SIGNATURE: *Luisa M. Challa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-2007

Date

305-819-0033

Daytime Phone #