2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045642

City-St-Zip:

LAUDERDALE LAKES, FL 33319

Entity Name: MAXIMUM CHOICE INVESTMENT CORP

FILED Sep 09, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTHWEST 418 T CREEK, FL				
Current Mailing Address:			New Mailing Address:		
	RTHWEST 418 T CREEK, FL				
FEI Number	: 16-1663052	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	THWEST 418	ST TERRACE 330732058 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
		93(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PHANOR, LIOI 6461 NORTHV) Delete NEL /EST 41ST TERRACE EEK, FL 330732058	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PHANOR, NAT 6461 NORTHV) Delete ASHA VEST 41ST TERRACE EEK, FL 33073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PHANOR, JOH) Delete NNY /EST 40TH STREET	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LIONEL F PHANOR PD 09/09/2005