

Apr. 28. 2004 4:20PM SOBEL, GLACKMAN & SOBEL P.A.

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 010 ***150.00

DOCUMENT # P03000087053			
1. Entity Name PARTY MAX, INC.			
Principal Place of Business 410 W 49TH ST STE 101-104 HIALEAH, FL 33012		Mailing Address 410 W 49TH ST STE 101-104 HIALEAH, FL 33012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0145289		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACFARLANE, JANET 410 W 49TH ST STE 101-104 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 requesting) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	BENZAQUEN, GASTON	NAME	
STREET ADDRESS	1831 VICTORIA POINTE CIR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	BENZAQUEN, BRIGITTE	NAME	
STREET ADDRESS	10166 COLLINS AVE APT 906	STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR, FL 33184	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BENZAQUEN, ABRAHAM	NAME	
STREET ADDRESS	1831 VICTORIA POINTE CIR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 as changed, or on an attachment with an address, with all other filers empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-28-04 Telephone: 786-275-9990	

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