## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

Mailing Address

2234 SUNSET DRIVE

**BRADENTON FL 34207** 

## **DOCUMENT # P03000089753**

1. Entity Name

PROMAX GROUP, CORP.

Principal Place of Business

**BRADENTON FL 34207** 

2234 SUNSET DRIVE

	,
W. T.	

## **FILED** Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90304 007 \*\*\*150.00

2. Principal F	Place of Business	3. Mailing A	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.			MOORE CR2E034 (11/03)					
City & State City & S			ty & State			FEI Number 81 - 062 9442	<del></del>	pplied For ot Applicable			
Zip	Country	Zip		Country		Certificate of Status Desired	\$9.75 Additional				
	6. Name and Address of Curre	nt Registered Age	ent		7. [	Name and Address of New Register	ed Agent				
				Name							
BOULANOVA, NATALIA 2234 SUNSET DRIVE BRADENTON FL 34207											
				Street Address (P.O. Box Number is Not Acceptable)							
5,0	DENTON'E 04207										
				City			Zip Cod				
	e named entity submits this statemen tions of registered agent.	t for the purpose o	f changing its reg	gistered office or r	registered ag	gent, or both, in the State of Florida. I	am familiar with	, and accept			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Re	egistered Agent signaturi	e required when r	einstating) DA					
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	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	\$5.0	<b>00</b> May Be			
**************************************	r May 1, 2004 Fee will be \$550.0	\$2.400 GM (\$2.500m; 10.50)		,		Trust Fund Contribution.		d to Fees			
REPORT OF THE PARTY OF	k Payable to Florida Departmen	ASSESSED TO THE STATE OF THE S									
10.	<del></del>	ND DIRECTORS		11.	AC	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11			
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NAME	BOULANOVA, NATALIA			NAME							
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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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #