



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90040 014 \*\*\*150.00

<b>DOCUMENT # P03000101719</b>					
<b>1. Entity Name</b> MAXIMUM WORLDWIDE INVESTMENT, CORP.					
<b>Principal Place of Business</b> 5406 NW 72 AV. MIAMI, FL 33166 US			<b>Mailing Address</b> 5406 NW 72 AV. MIAMI, FL 33166 US		
<b>2. Principal Place of Business</b> 8211 NW 68th STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8211 NW 68th STREET Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		<b>4. EEL Number</b> 57-1189398	
Zip 33166		Country USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02032004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  MAZZA-MARTINEZ, TANIA A MS. 780 NW 42 AV. 420 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S HERNANDEZ, MANUEL J MR. 5406 NW 72 AV. MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, MARISOL D MS. 5406 NW 72 AV. MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBINA, MARCOS A MR. 5406 NW 72 AV. MIAMI, FL 33166	<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				
<b>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.</b>					
<b>SIGNATURE:</b> <u>MANUEL J. HERNANDEZ</u> <u>04/06/04</u> <u>786 267544</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					