

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000129549

1. Entity Name
C-MAX, INC.



Principal Place of Business
1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH FL 33179

Mailing Address
1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH FL 33179



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 54-2133896

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROSEN, GENE S
1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH FL 33179

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PVTS
WERTHEIM, CAROLE
3625 N COUNTRY CLUB DR APT PH7
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000663705
03/22/07-80015-009 150.00

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

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CITY- ST- ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information provided 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 or on an attachment with an address, with all other like empowered.

Carole Wertheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

305 466-1835

Daytime Phone #