

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 005 ***150.00

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 #

960 Arthur Godfrey Rd. 3625 N. Country Club Dr.

3. Mailing Address

Suite, Apt. #, etc.
ph7

1st MOORE

CR2E034 (10/07)

City & State

Miami Beach, FL Aventura, FL

City & State

Aventura, FL

4. FEI Number

54-2133896

Applied For

Not Applicable

Zip
33140

Country
U.S.A.

Zip
33180

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 file application.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 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 PVTS ☐ Delete
NAME WERTHEIM, CAROLE
STREET ADDRESS 3625 N COUNTRY CLUB DR APT PH7
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE

Carole Wertheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2008

Date

Daytime Phone #