2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135175

Entity Name: EE2 MAX CORPORATION

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
POST OFFICE BOX 271331 TAMPA, FL 33688 US				POST OFFI ST. AUGUS			US
Current Mailing Address:				New Mailing Address:			
POST OFFICE BOX 271331 TAMPA, FL 33688 US				POST OFFICE BOX 1898 ST. AUGUSTINE, FL 32085 US			
FEI Number:	77-0614674	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certif	ficate of Status Desired()
Name and	Name and Address of New Registered Agent:						
ARIZMENDI, JORGE 6401 SPRING OAK CT TAMPA, FL 33625 US				ARIZMENDI, JORGE JR 6401 SPRING OAK CT TAMPA, FL 33625 US			
The above in the State		submits this statement for the pu	rpose of	changing it	s registere	ed office c	r registered agent, or both,
SIGNATURE: JORGE ARIZMENDI, JR 04/25/2004							
Electronic Signature of Registered Agent							Date
Election Cam	paign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BIELAWSKI, V 139 SHORES			Title: Name: Address: City-St-Zip:		() Chang	e () Addition
Title: Name: Address: City-St-Zip:	EXVP (ARIZMENDI, J 6401 SPRING TAMPA, FL 33	OAK CT		Title: Name: Address: City-St-Zip:		()Chang	e () Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, RA	S COVE ROAD, #2036		Title: Name: Address: City-St-Zip:	VP LEWIS, LL 3517 BENT MIMS, FL	OYD D ON CT.	ge () Addition
Title: Name: Address: City-St-Zip:	VP (ISAACS, SYDI 3912 LAKE MI ORLANDO, FL	RA DR	!	Title: Name: Address: City-St-Zip:		()Chang	e () Addition
Title: Name: Address: City-St-Zip:	HUTCHINSON 2380 DUNDER			Title: Name: Address: City-St-Zip:		() Chang	e () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE ARIZMENDI, JR EXVP 04/25/2004