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Secretary of State

01-21-2005 90052 008 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000030529

1. Entity Name
MAXIE ENTERPRISES, INC.

Principal Place of Business
3838 SW 170TH AVENUE
~~MIAMI~~ FL 33027

Mailing Address
3838 SW 170TH AVENUE
~~MIAMI~~ FL 33027

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3838 S.W 170th Ave	3838 S.W 170th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33027 Country: Broward	Zip: 33027 Country: Broward

4. FEI Number: 74-3127616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEAVER, CORNEISE
3461 NW 174TH STREET
MIAMI, FL 33169

7. Name and Address of New Registered Agent
Name: BITOSSI G. DORANGE
Street Address (P.O. Box Number is Not Acceptable): 3838 SW 170 Ave
City: MIRAMAR FL Zip Code: 33027

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: Bitossi G. D[signature] DATE: 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORANGE, BITOSSI G 3838 SW 170TH AVENUE MIAMI, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Bitossi G. Dorange 3/7/05 954-433-8236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #