

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 009 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000085230			
1. Entity Name CPHARMAX, INC.			
Principal Place of Business 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711		Mailing Address 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711	
2. Principal Place of Business - No P.O. Box # 235 CITRUS TOWER BLVD Suite, Apt. #, etc. STE 107		3. Mailing Address 235 CITRUS TOWER BLVD Suite, Apt. #, etc. STE 107	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711	Country USA	Zip 34711	Country USA
6. Name and Address of Current Registered Agent WALKER, GARY 100 S. ASHLEY DR., SUITE 1500 TAMPA, FL 33602		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 <input checked="" type="checkbox"/> 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HUANG, HANXIAN 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <input checked="" type="checkbox"/> 		Date 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40098542



04212008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1248655 Applied For
Not Applicable

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