

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085230

Entity Name: CPHARMAX, INC.

FILED  
Jan 09, 2011  
Secretary of State

**Current Principal Place of Business:**

235 CITRUS TOWER BLVD  
SUITE #107  
CLERMONT, FL 34711 US

**Current Mailing Address:**

235 CITRUS TOWER BLVD  
SUITE #107  
CLERMONT, FL 34711 US

FEI Number: 20-1248655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

3190 CITRUS TOWER BLVD  
SUITE B  
CLERMONT, FL 34711 US

**New Mailing Address:**

3190 CITRUS TOWER BLVD  
SUITE B  
CLERMONT, FL 34711 US

**Name and Address of Current Registered Agent:**

WALKER, GARY  
100 S. ASHLEY DR., SUITE 1500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HUANG, HANXIAN  
Address: 3190 CITRUS TOWER BLVD, SUITE B  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: HANXIAN HUANG

PRES

01/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date