2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089579

FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90114 011 ***150.00

	1. Entity Name M.X.A.H. I		IENTS, INC.										
Principal Place of Business				Mai	Mailing Address				i in	بيندمث			
3570 34 AVE SE NAPLES, FL 34117					3570 34 AVE SE NAPLES, FL 34117				20033596				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.							034 (10/03)			
City & State			-	City & State			04112005 4. FEI Numb	Chg-P	Unzer		plied For		
						•	20-1	298704	£	No	t Applicable		
	Zip		Country	Zi	p	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
ľ	6Name and Address of Current Regis				stered Agent Name			7:-Name and	l'Address of New F	Registered	Agent		
١	HERNAND		JEL										
	3570 34 A\ NAPLES, F							Street Address (P.O. Box Number is Not Acceptable)					
					•						1		
The above named entity automits this statement for the purpose of changing its register.							City			FL	Zìp Code		
١	8. The above the obligati	named entity ions of registi	automits this statemer ered agent.	at for the pu	irpose of changing its	register	ed office or regi	stered agent, or bo	oth, in the State of Fl	lorida. I am	familiar with,	and accept	
	SIGNATURE		or printing number of registered a	gent and title if	applicable. (NOT	E: Registere	ki Agent signature regi	ured when reinstating)		DATE	•		
		/.	, , ,				·	-					
	After Ma		FEE IS \$150.00 Fee will be \$55		9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees					
	TITLE	Р	OFFICERS A	ND DIREC	TORS Delete	11.		ADDITIONS	/CHANGES TO OF	FICERS AN			
	NAME STREET ADDRESS CITY-ST-ZIP	HERNANI 3570 34 A			L.) Deiete	HAM STRI	ie Eet address				☐ Change	☐ Additi o n	
Ì	TITLE	NAPLES, V	FL 34117	 -	☐ Delete	THU	r-ST-ZIP				- Change	Addition	
	MAME		DEZ, XIONIS			NAM	IE				C Stange		
	STREET ADDRESS CITY-ST-ZIP	3570 34 A NAPLES,	-				EET ADDRESS '- ST- ZIP						
l	TITLE				☐ Delete	TITL	l			•	☐ Change	Addition	
	NAME STREET ADDRESS				· -	NAV STR	eet address			•	7		
	CITY-ST-ZIP					_	-ST-ZIP						
١	TITLE NAME				☐ Delete	TITL NAV					☐ Change	☐ Addition	
	STREET ADDRESS CITY-ST-ZIP						EET ADDRESS						
	TITLE				☐ Delete	TIT.		· <u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
l	NAME STREET ADDRESS					NAM	I				_ ,	_	
	CITY-ST-ZIP						EET ADDRESS '- ST-ZIP						
ļ	TITLE				☐ Delete	THL	F T			·	☐ Change	☐ Addition	
١					FT Delete "						☐ Onenge		
	NAME STREET ADDRESS	-			PO1010 -4.	NAM					□ ouenge		

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 ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

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