

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90105 036 ***150.00

DOCUMENT #	P04000104672
1. Entity Name	
MAXI INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5710 LAKESIDE DR APT 701			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MARGATE, FL			
Zip	Country	Zip	Country
33063			

20034415

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		20-1421807		Not Applicable
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		
		A & J ADVISORY SERVICE INC		
		Street Address (P.O. Box Number is Not Acceptable)		
		2620 BUTTONWOOD AVE		
		City	FL	Zip Code
		MIRAMAR		33025

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 <u>Alicia Ferrer</u>	Alicia Ferrer President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE 3/28/2005	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE	PRESIDENT	TITLE		DO NOT WRITE IN THIS SPACE	
NAME	MARGARITA D CORREA	NAME			
STREET ADDRESS	5710 LAKESIDE DR APT 701	STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Margarita D Correa</u>	Margarita D Correa President	3/28/2005	(954) 974-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #