2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105219

Entity Name: FJ3-MAX 2, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
428 PLAZA REAL				428 PLAZA REAL		
STE 224 BOCA RATON, FL 33432				STE 239 BOCA RATON, FL 33432		
Current Mailing Address:				New Mailing Address:		
					_	
428 PLAZA REAL STE 224 BOCA RATON, FL 33432				428 PLAZA REAL STE 239 BOCA RATON, FL 33432		
FEI Number	: 20-1378104	FEI Number Applied For ()	FEI Nun	nber Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
MAX, DENNIS 428 PLAZA REAL STE 224				MAX, DENNIS 428 PLAZA REAL STE 239		
BOCA RATON, FL 33432 US				BOCA RATON, FL 33432 US		
	named entity s e of Florida.	ubmits this statement for the pu	irpose of	f changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				04/19/2006	
	Electron	ic Signature of Registered Ager	nt		Date	
	S AND DIRECT	Trust Fund Contribution ().		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	, ,	Delete		Title:	D (X) Change () Addition	
Name: Address:	MAX, DENNIS 244 BOCA RATO	ON BLVD		Name: Address:	MAX, DENNIS 244 BOCA RATON ROAD	
City-St-Zip:	BOCA RATON, I			City-St-Zip:	BOCA RATON, FL 33432	
Title:	D ()	Delete		Title:	() Change () Addition	
Name:	MAX, PATTI			Name:		
Address:	420 E COCONU			Address:		
City-St-Zip:	BOCA RATON, I	FL 33432		City-St-Zip:		
Title:		Delete		Title:	() Change () Addition	
Name:	STAMPONE, FR			Name:		
Address:	1017 HARKNES			Address:		
City-St-Zip:	MEADOWBROC	DK, PA 19046		City-St-Zip:		
Title:	D ()	Delete		Title:	() Change () Addition	
Name:	STAMPONE, JO			Name:		
Address:	1390 TANGLEV			Address:		
City-St-Zip:	NORTH WALES	, PA 19454		City-St-Zip:		
Title:		Delete		Title:	() Change () Addition	
Name:	FORSTER, JAM			Name:		
Address:	105 BURGANDY			Address:		
City-St-Zip:	BLUE BELL, PA	19422		City-St-Zip:		
Title:	D ()	Delete		Title:	() Change () Addition	
Name:	DEPERSIO, JOI			Name:		
Address:	10519 NW 67 C			Address:		
City-St-Zip:	PARKLAND, FL	33076		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

	Flacture of Oissuits Office - Disease		D-1-
SIGNATURE:	DENNIS MAX	D	04/19/2006