

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135879

Entity Name: MAUX ENTERPRISES INC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

80-04 NORTH WEST 154 STREET
STE 448
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

80-04 NORTH WEST 154 STREET
STE 448
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-1687569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVARRIAGA, JUAN
80-04 NORTH WEST 154 STREET
STE 448
MIAMI LAKES, FL 33016 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAVARRIAGA, JUAN
Address: 80-04 NORTH WEST 154 STREET,STE 448
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: POSADA, MARIA
Address: 80-04 NORTH WEST 154 STREET STE 448
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POSADA, MARIA
Address: 80-04 NORTH WEST 154 STREET,STE 448
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change () Addition
Name: CHAVARRIAGA, JUAN
Address: 80-04 NORTH WEST 154 STREET STE 448
City-St-Zip: MIAMI LAKES, FL 33016

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.

SIGNATURE: MARIA POSADA

P

05/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date