


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90001 013 \*\*\*150.00

<b>DOCUMENT # P04000136756</b>	
1. Entity Name <b>MAX FREIGHT SERVICES, INC.</b>	

Principal Place of Business <b>12600 N.E. 5 AVE NORTH MIAMI, FL 33161</b>	Mailing Address <b>12600 N.E. 5 AVE NORTH MIAMI, FL 33161</b>
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**50054238**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06142005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1851470</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOPEZ, MAXIMO C 12600 N.E. 5 AVE NORTH MIAMI, FL 33161</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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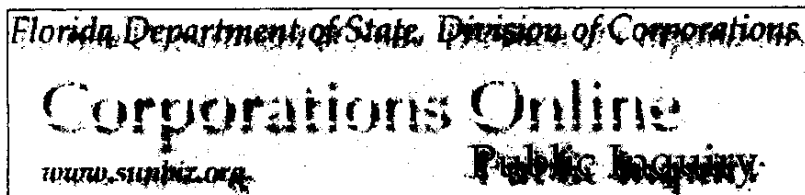
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, MAXIMO C 12600 N.E. 5 AVE NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Maximo C. Lopez</u>	Date: <u>6-24-05</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

50054238



## Florida Profit

## MAX FREIGHT SERVICES, INC.

## PRINCIPAL ADDRESS

12600 N.E. 5 AVE  
NORTH MIAMI FL 33161

## MAILING ADDRESS

12600 N.E. 5 AVE  
NORTH MIAMI FL 33161Document Number  
P04000136756FEI Number  
NONEDate Filed  
09/30/2004State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
LOPEZ, MAXIMO C 12600 N.E. 5 AVE NORTH MIAMI FL 33161

## Officer/Director Detail

Name & Address	Title
LOPEZ, MAXIMO C 12600 N.E. 5 AVE NORTH MIAMI FL 33161	DP

## Annual Reports

Report Year	Filed Date
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[www.sunbiz.org](http://www.sunbiz.org)

ATTACHMENT  
50054238  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

P04000136756

Business Entity Name

MAX FREIGHT SERVICES, INC.

Please see  
attached

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

## Principal Place of Business

Address 12600 N.E. 5 AVE

Suite, Apt. #, etc.

City, State NORTH MIAMI, FL

Zip Code &amp; Country 33161

## Mailing Address

Address 12600 N.E. 5 AVE

Suite, Apt. #, etc.

City, State NORTH MIAMI, FL

Zip Code &amp; Country 33161

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) LOPEZ, MAXIMO, C

-or- RA Business Name

Address (PO Box is not acceptable) 12600 N.E. 5 AVE

Suite, Apt. #, etc.

City, State NORTH MIAMI, FL

Zip Code &amp; Country 33161 US

If there is a change in registered agent, the new agent will need to type their name