

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 026 ***150.00

40119344



05212007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000146706 1. Entity Name MAXVA-JOHABRI CORP.					
Principal Place of Business 21050 NE 38 AVE 1405 AVENTURA, FL 33180			Mailing Address 21050 NE 38 AVE 1405 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1849953	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVILLIA, MARCOS 21050 NE 38 AVE 1405 AVENTURA, FL 33180				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEVILLIA, MARCOS <input type="checkbox"/> Delete 21050 NE 38 AVE #1405 AVENTURA, FL 33180		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	
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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 exemptions contained 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 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: <i>Marcos Sevilla</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
<i>04/20/07</i>			Date		
<i>3059046265</i>			Daytime Phone #		



ATTACHMENT 40119524
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000146706

Business Entity Name

MAXVA-JOHABRI CORP.

FEI Number

201849953

FEI Number Status

☒ Listed Above ☐ Applied For

☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund
Contribution

☐ Yes ☒ No

Principal Place of Business

Address 21050 NE 38 AVE
Suite, Apt. #, etc. 1405
City, State AVENTURA, FL
Zip Code & Country 33180

Mailing Address

Address 21050 NE 38 AVE
Suite, Apt. #, etc. 1405
City, State AVENTURA, FL
Zip Code & Country 33180

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SEVILLIA, MARCOS, ,

- OR -

Business to serve as RA

Address (PO Box is not

21050 NE 38 AVE

acceptable)

Suite, Apt. #, etc.

City, State

Zip Code & Country

ATTACHMENT 40119524

P 04000146706

1405

AVENTURA

, FL

33180

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle,
Title)

SEVILLIA

, MARCOS

, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

21050 NE 38 AVE #1405

City, State

AVENTURA

, FL

Zip Code & Country

33180

Title

Name (Last, First, Middle,
Title)

, , ,

- OR -

Entity Name to serve as
Officer/Director

ATTACHMENT 40119524
004000146706

Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title President

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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