

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151682

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: MAXWELL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1521 ALTON ROAD  
703  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1521 ALTON ROAD  
703  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 72-1588562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, EDNA M  
151 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139 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: MAXWELL, EDNA M  
Address: 1521 ALTON ROAD, #703  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete  
Name: MAXWELL, JAMES  
Address: 151 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MAXWELL, JAMES  
Address: 1521 ALTON ROAD, #703  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: EDNA MAXWELL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

06/15/2009

\_\_\_\_\_ Date