

3 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000151966

1. Entity Name
MAD MAX, INC.



FILED
May 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
715 WEST WATERS AVENUE
TAMPA, FL 33604

Mailing Address
715 WEST WATERS AVENUE
TAMPA, FL 33604



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3021194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, YLIANA
715 WEST WATERS AVENUE
TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ZAMORA, VICTOR L
715 WEST WATERS AVENUE
TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
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CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/08 813
9270679
Date Daytime Phone #