

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90250 010 ***150.00

DOCUMENT # P04000152358 1. Entity Name MAXIMUM AIR INC			
Principal Place of Business 3550 WASHINGTON STREET 414 HOLLYWOOD, FL 33021		Mailing Address 3550 WASHINGTON STREET 414 HOLLYWOOD, FL 33021	
2. Principal Place of Business 3550 Washington Street		3. Mailing Address 3550 Washington Street	
Suite, Apt. #, etc. 414-B		Suite, Apt. #, etc. 414-B	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
4. FEI Number 51-0529147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUCY, MICHAEL 5113 SW 26 STREET PEMBROKE PARK, FL 33023		7. Name and Address of New Registered Agent Name Steve Sicard Street Address (P.O. Box Number is Not Acceptable) 3550 Washington Street 414-B City Hollywood FL Zip Code 33021	
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: <u><i>Steve Sicard</i></u> Steve Sicard 4-15-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 SICARD, STEVE <input type="checkbox"/> Delete 3550 WASHINGTON STREET HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3550 Washington Street, #414-B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SOUCY, JEANNINE 5121 SW 26 COURT PEMBROKE PARK, FL 33023	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><i>Steve Sicard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> STEVE SICARD, President		4-15-05 (954) 839-7232 <small>Date Daytime Phone #</small>	