

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155334

FILED
May 05, 2007
Secretary of State

Entity Name: MAUX MANAGEMENT CORPORATION

Current Principal Place of Business:

8004 NW 154 STREET
STE 448
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8004 NW 154 STREET
STE 448
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-1892880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVARRIAGA, JUAN
8004 NW 154 STREET
STE 448
MIAMI LAKES, FL 33016 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAVARRIAGA, JUAN
Address: 8004 NW 154 STREET STE 448
City-St-Zip: HIALEAH, FL 33016

Title: VP () Delete
Name: POSADA, MARIA
Address: 8004 NW 154 STREET, SUITE 448
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JUAN CHAVARRIAGA

PRES

05/05/2007

Electronic Signature of Signing Officer or Director

_____ Date