2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# P05000004127

Entity Name: MAXI MANAGEMENT INC.

Current Principal Place of Business:

6191 W. ATLANTIC BLVD.
SUITE 5
MARGATE, FL 33063 US

New Principal Place of Business:

200 SOUTH ANDREWS AVENUE
SUITE 502
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

6191 W. ATLANTIC BLVD.
SUITE 5
MARGATE, FL 33063 US

New Mailing Address:

200 SOUTH ANDREWS AVENUE
SUITE 502
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-2128474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALLER, MICHELLE
7320 LAKE CIRCLE DRIVE
#307
MARGATE, FL 33063 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: FALLER, MICHELLE
Address: 6191 WEST ATLANTIC BLVD. SUITE 5
City-St-Zip: MARGATE, FL 33063 US

Title: VP ( ) Delete
Name: FALLER, JOSHUA
Address: 6191 WEST ATLANTIC BLVD. SUITE 5
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change ( ) Addition
Name: FALLER, MICHELLE
Address: 200 SOUTH ANDREWS AVENUE SUITE 502
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: VP (X) Change ( ) Addition
Name: FALLER, JOSHUA
Address: 200 SOUTH ANDREWS AVENUE SUITE 502
City-St-Zip: FORT LAUDERDALE, FL 33301

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: MICHELLE FALLER PRES 03/11/2008
Electronic Signature of Signing Officer or Director Date