

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P05000016430

1. Entity Name
MAXIMUS LIFESTYLES INC



Principal Place of Business

**9473 S. DIXIE HWY
MIAMI, FL 33156**

Mailing Address

**9473 S. DIXIE HWY
MIAMI, FL 33156**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2248528

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TURNER MEIJERINK, SUSAN
9497 S. DIXIE HWY
PMB @247
MIAMI, FL 33156**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UD00000902902
04/30/08-80024-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEIJERINK, RONALDUS P
STREET ADDRESS	9473 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	MEIJERINK, SUSAN T
STREET ADDRESS	9473 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03/29/08

Date

786-333-0284

Daytime Phone #