

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000018902

**FILED**  
**Jan 21, 2007**  
**Secretary of State**

**Entity Name:** MAX SYSTEMS CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

5670 NW 116 AVE  
SUITE # 225  
DORAL, FL 33178

**New Principal Place of Business:**

8181 NW 36 STREET  
SUITE # 20-B  
DORAL, FL 33166

**Current Mailing Address:**

P.O. BOX 228323  
DORAL, FL 33122

**New Mailing Address:**

**FEI Number:** 75-3056960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, MAURICIO  
5670 NW 116 AVE  
SUITE # 225  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

PEREZ, MAURICIO  
8181 NW 36 STREET  
SUITE # 20-B  
DORAL, FL 33166 US

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: MAURICIO PEREZ

01/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEREZ, MAURICIO  
Address: 5670 NW 116 AVE, #225  
City-St-Zip: DORAL, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PEREZ, MAURICIO  
Address: 8181 NW 36 STREET, SUITE 20-B  
City-St-Zip: DORAL, FL 33166

Title: VP ( ) Change (X) Addition  
Name: EPALZA, ROSEMARY E  
Address: 8181 NW 36 STREET, SUITE 20-B  
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICIO PEREZ

P

01/21/2007

Electronic Signature of Signing Officer or Director

Date