

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 034 ***150.00

DOCUMENT # P05000042459

1. Entity Name

INVERMAX INVESTMENTS CORPORATION



Principal Place of Business

663 CARRINGTON LANE
WESTON FL 33326

Mailing Address

663 CARRINGTON LANE
WESTON FL 33326

2. Principal Place of Business

1940 WESTON ROAD

Suite, Apt. #, etc.

3. Mailing Address

3639 SAN SIMEON

Suite, Apt. #, etc.

CIRCLE

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33326

Country

U.S.A.

Zip

33331

Country

U.S.A.

4. FEL Number

20-2539474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

NICOLAIDIS, MARCOS
663 CARRINGTON LANE
WESTON FL 33326

7. Name and Address of New Registered Agent

Name MARCOS NICOLAIDIS

Street Address (P.O. Box Number is Not Acceptable)

3639 SAN SIMEON CIRCLE

City WESTON

FL

Zip Code

33331

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 reconstituting)

DATE

04-06-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME NICOLAIDIS, MARCOS ☐ Delete
STREET ADDRESS 663 CARRINGTON LANE
CITY-ST-ZIP WESTON FL 33326

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME NICOLAIDIS, MARCOS ☒ Change ☐ Addition
STREET ADDRESS 3639 SAN SIMEON CIRCLE
CITY-ST-ZIP WESTON, FL 33331

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-06

954-661-9061