


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90196 005 \*\*\*150.00

<b>DOCUMENT # P05000096597</b>	
1. Entity Name <b>MAX INSTALLATIONS, INC.</b>	

Principal Place of Business <b>1950 W 56 ST APT#2104 HIALEAH, FL 33012</b>	Mailing Address <b>1950 W 56 ST APT#2104 HIALEAH, FL 33012</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01082006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3126896</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ISER, LUIS M 1950 W 56 ST APT#2104 HIALEAH, FL 33012</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ISER, LUIS M 1950 W 56 ST APT#2104 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CAMPS, ALFREDO 660 85 STREET, APT 402 MIAMI BEACH, FL 33141</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Luis M Iser* **04/25/06** **(305) 818 9520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

... ATTACHMENT 2004446  
#P05800096597  
**JIRON & COMPANY, P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

**Julio C. Jiron, CPA\***  
1263 West 40 Street  
Hialeah, Florida 33012  
Telephone: (305) 282-6417  
Fax: (305) 558-6491

**INSTRUCTIONS: 2006 CORPORATE ANNUAL REPORT**

ENCLOSED IS YOUR 2006 CORPORATION UNIFORM BUSINESS REPORT.

PLEASE REVIEW ALL NAMES AND ADDRESS TO BE CURRENT. MAKE ANY  
CHANGES THAT APPLY ON THE APPROPRIATE LINES.

THIS APPLICATION MUST BE FILED OR THE CORPORATION WILL BE  
DISSOLVED.

PLEASE BE TIMELY WITH PAYMENT.

MAKE CHECK FOR: \$ 150.00

MAKE CHECK PAYABLE TO: **FLORIDA DEPARTMENT OF STATE**

SIGN AND DATE FORM: OFFICER OF COMPANY

MAIL TO:

**DIVISION OF CORPORATIONS  
P.O BOX 6198  
TALLAHASSEE, FL 32314**

MAIL BY: **APRIL 30, 2006**

**AFTER MAY 1 FEE DUE IS \$550.00**