2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122692

Entity Name: MAX HEALTH DELIVERY EXPRESS, CORP

FILED May 01, 2006 Secretary of State

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

15531 SW 133 PL 11021 SW 155 PL 709 MIAMI, FL 33196

MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

15531 SW 133 PL 709 MIAMI, FL 33196 US MIAMI, FL 33177

FEI Number: 20-3409593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PEREZ - RODRIGUEZ, GONZALO
15531 SW 133 PL
709
MIAMI, FL 33177 US

PEREZ - RODRIGUEZ, GONZALO
11021 SW 155 PL
MIAMI, FL 33196 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: 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PEREZ - RODRIGUEZ, GONZALO Name: PEREZ - RODRIGUEZ, GONZALO

 Address:
 15531 SW 133 PL APT 709
 Address:
 11021 SW 155 PL

 City-St-Zip:
 MIAMI, FL 33177 US
 City-St-Zip:
 MIAMI, FL 33196 US

Title: S () Delete Title: S (X) Change () Addition Name: FRANCO, ADRIANA Name: FRANCO, ADRIANA

 Name:
 FRANCO, ADRIANA
 Name:
 FRANCO, ADRIANA

 Address:
 15531 SW 133 PL APT 709
 Address:
 11021 SW 155 PL

 City-St-Zip:
 MIAMI, FL 33177 US
 City-St-Zip:
 MIAMI, FL 33196 US

 Name:
 FRANCO, ADRIANA
 Name:
 FRANCO, ADRIANA

 Address:
 15531 SW 133 PL APT 709
 Address:
 11021 SW 155 PL

 City-St-Zip:
 MIAMI, FL 33177 US
 City-St-Zip:
 MIAMI, FL 33196 US

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: GERMAN PENA P 05/01/2006