2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000130385

1. Entity Name

MAX LIQUIDATOR IMPORT & EXPORT, INC.



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3303 NW 71ST STREET MIAMI, FL 33147 3303 NW 71ST STREET MIAMI, FL 33147



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3521111

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMEJO SOLER, MIGUEL B 5956 NE 4 AVE MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	<u> </u>				
***	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMEJO SOLER, MIGUEL B 3303 NW 4TH AVE MIAMI, FL 33137				U80000592621
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/19/07-80069-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fi	iling does not qualify for the exe	mptions co	ntained in Chapter 115	9. Fiorida 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 of 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 OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #