

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90234 047 ***150.00

DOCUMENT # P05000156248

1. Entity Name
MAXCEUTICAL, INC.



Principal Place of Business
**9600 SW 8 STREET #30
MIAMI, FL 33174**

Mailing Address
**9600 SW 8 STREET #30
MIAMI, FL 33174**

2. Principal Place of Business
9600 SW 8TH ST
Suite, Apt. #, etc.
30

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami - FL
Zip
33174
Country
USA

City & State
Zip
Country

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3859689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUESCUN, ENRIQUE
9600 SW 8 STREET #30
MIAMI, FL 33174**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SUESCUN, ENRIQUE
9600 SW 8 STREET #30
MIAMI, FL 33174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PATRICK, LAWRENCE
9600 SW 8 STREET #30
MIAMI, FL 33174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
OROZCOK, JUAN C
9600 SW 8 STREET #30
MIAMI, FL 33174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Suescun **Enrique Suescun** 4/27/06 305 229 9393