

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000164832

Entity Name: AMAX INVESTMENTS, INC.

FILED
Jun 12, 2009
Secretary of State**Current Principal Place of Business:**124 WISTERIA DR
LONGWOOD, FL 32779**New Principal Place of Business:**5021 HWY 17-92
CASSELBERRY, FL 32750**Current Mailing Address:**124 WISTERIA DR.
LONGWOOD, FL 32779**New Mailing Address:**5021 HWY 17-92
CASSELBERRY, FL 32750

FEI Number: 20-3837893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALLEN, LESLIE
124 WISTERIA DR
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**GOODMAN-ALLEN, LESLIE
5021 HWY 17-92
CASSELBERRY, FL 32750 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: LESLIE GOODMAN-ALLEN

06/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: LOUIMA, SEBASTIEN
Address: 1820 S. HWY 1792
City-St-Zip: LONGWOOD, FL 32750Title: P () Delete
Name: GOODMAN-ALLEN, LESLIE
Address: 124 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779Title: D (X) Delete
Name: CONNER CAPITAL INVESTMENTS, INC
Address: 505 MATILDA LANE
City-St-Zip: LONGWOOD, FL 32750**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VP (X) Change () Addition
Name: LOUIMA, SEBASTIEN
Address: 5021 HWY 1792
City-St-Zip: CASSELBERRY, FL 32750Title: P (X) Change () Addition
Name: GOODMAN-ALLEN, LESLIE
Address: 5021 HWY 17-92
City-St-Zip: CASSELBERRY, FL 32750Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE GOODMAN-ALLEN

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06/12/2009

Electronic Signature of Signing Officer or Director

Date