

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000006462

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** SIGNAMAX, INC.

**Current Principal Place of Business:**

16295 NW 13 AVE  
STE A  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16295 NW 13 AVE  
STE A  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 20-4266970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHONE, JAMES  
16295 NW 13 AVE  
STE A  
MIAMI, FL 33169 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEIN, SLAV  
Address: 16295 NW 13 AVE, STE A  
City-St-Zip: MIAMI, FL 33169

Title: VSTD  
Name: BRISKIN, ROMAN  
Address: 16295 NW 13 AVE, STE A  
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: SLAV STEIN

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04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date