

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141441

Entity Name: MOBIMAX, CORP.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

8600 NW 64TH ST
SUITE #6
MIAMI, FL 33166

New Principal Place of Business:

6030 NW 99 AVE #407
DORAL, FL 33178

Current Mailing Address:

8600 NW 64TH ST
SUITE #6
MIAMI, FL 33166

New Mailing Address:

6030 NW 99 AVE #407
DORAL, FL 33178

FEI Number: 20-5855110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKUNO, MARIO W OWNER
8600 NW 64TH ST
SUITE #6
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

OKUNO, MARIO W OWNER
6030 NW 99 AVE #407
DORAL, FL 33178 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: MARIO W OKUNO

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKUNO, MARIO W OWNER
Address: 8600 NW 64TH ST, SUITE #6
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OKUNO, MARIO W OWNER
Address: 6030 NW 99 AVE #407
City-St-Zip: DORAL, FL 33178

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: MARIO W OKUNO

D

02/06/2008

Electronic Signature of Signing Officer or Director

Date