


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90029 006 ***158.75

DOCUMENT # P07000037403		
1. Entity Name MAXTECH, INC.		

Principal Place of Business 3071 N.E. 12TH TERRACE POMPANO BEACH, FL 33064	Mailing Address 3071 N.E. 12TH TERRACE POMPANO BEACH, FL 33064
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2436 N. Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 403	
City & State		City & State Lighthouse Point, FL	
Zip	Country	Zip	Country
		33064	USA

	
04142008 Chg-P	CR2E034 (12/06)
4. FEI Number 20-8739223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAXWELL, RANDY 3071 N.E. 12TH TERRACE POMPANO BEACH, FL 33064	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MAXWELL, RANDY 3071 N.E. 12TH TERRACE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Randy Maxwell* **Randy Maxwell** 4/14/2008 954/943-9967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #