


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90145 019 \*\*\*158.75

|   |                                       |                           |   |   |  |
|---|---------------------------------------|---------------------------|---|---|--|
| <b>DOCUMENT # P07000040291</b>  |                                       |                           |   |  |  |
| <b>1. Entity Name</b><br>LUXURY MAX CONSTRUCTION CORP   |                                       |                           |   |   |  |
| <b>Principal Place of Business</b><br>3040 NW 55 STREET<br>MIAMI, FL 33142  |                                       |                           | <b>Mailing Address</b><br>3040 NW 55 STREET<br>MIAMI, FL 33142  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                       | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc.       |   |   |  |
| City & State  |                                       | City & State              |   |   |  |
| Zip   | Country                               | Zip                       | Country   | <b>4. FEI Number</b><br>33-1158606  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |                                       |                           |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SALABARRIA, ABISMAEL P<br>3040 NW 55 STREET<br>MIAMI, FL 33142  |                                       |                           |   | <b>7. Name and Address of New Registered Agent</b>                                |  |
| Name  |                                       |                           |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City  |                                       |                           |   | Zip Code  |  |
| <b>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.</b>  |                                       |                           |   |   |  |
| SIGNATURE <u>ABISMAEL SALABARRIA</u> (NOTE: Registered Agent signature required when reinstating)   |                                       |                           |   |   |  |
| DATE  |                                       |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |                                       |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                       |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| <b>TITLE</b><br>P   | <b>NAME</b><br>SALABARRIA, ABISMAEL P |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>3040 NW 55 STREET  | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33142 |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>VP  | <b>NAME</b><br>NUNEZ, YAUMARA VP      |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>3040 NW 55 STREET  | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33142 |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       |                           | <input type="checkbox"/> Delete   |   |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>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.</b> |                                       |                           |   |   |  |
| <b>SIGNATURE: ABISMAEL SALABARRIA</b>   |                                       |                           |   | Date  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                       |                           |   | Daytime Phone #   |  |

(786) 853-7882