2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000075706

Entity Name: CMAX CONSULTING INC

Current Principal Place of Business:

6179 SEVEN SPRINGS BLVD
GREENACRES, FL 33463 US

New Principal Place of Business:

4629 10TH AVE N
LAKE WORTH, FL 33463 US

Current Mailing Address:

6179 SEVEN SPRINGS BLVD
GREENACRES, FL 33463 US

New Mailing Address:

4629 10TH AVE N
LAKE WORTH, FL 33463 US

FEI Number: 26-0707048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KABIR, CHOWDHURY
6179 SEVEN SPRINGS BLVD
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

KABIR, CHOWDHURY
4629 10TH AVE N
LAKE WORTH, FL 33463 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: CHOWDHURY KABIR 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KABIR, CHOWDHURY
Address: 6179 SEVEN SPRINGS BLVD
City-St-Zip: GREENACRES, FL 33463 US

Title: VP ( ) Delete
Name: KABIR, ROMANA
Address: 6179 SEVEN SPRINGS BLVD
City-St-Zip: GREENACRES, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition
Name: KABIR, CHOWDHURY
Address: 4629 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP,S (X) Change ( ) Addition
Name: KABIR, ROMANA
Address: 4629 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33463 US

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: CHOWDHURY KABIR P 04/30/2009
Electronic Signature of Signing Officer or Director Date