2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057408

Entity Name: IP MAX TECHNOLOGIES & COMMUNICATIONS, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9725 NW 27 TERR MIAMI, FL 33172				12355 SW 129 CT SUITE 09 MIAMI, FL 33186		
Current Mailing Address:				New Mailing Address:		
9725 NW 27 TERR MIAMI, FL 33172			9715 NW 27 TERR MIAMI, FL 33172			
FEI Number: 26-2786785 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DURAN, MANUEL A 9725 NW 27 TERR MIAMI, FL 33172 US				DURAN, MANUEL A 9715 NW 27 TERR MIAMI, FL 33172 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:				01/19/2009		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[CHOW, KWEI 9725 NW 27 TER MIAMI, FL 33172			Title: Name: Address: City-St-Zip:	P (X CHOW, KWEI 9715 NW 27 TI MIAMI, FL 331	
Title: Name: Address: City-St-Zip:	VP () [RODRIGUEZ, VIO 9725 NW 27 TER MIAMI, FL 33172	RR		Title: Name: Address: City-St-Zip:	VP (X RODRIGUEZ, V 9715 NW 27 TI MIAMI, FL 331	ERR
Title: Name: Address: City-St-Zip:	VP ()[DURAN, MANUEI 9725 NW 27 TER MIAMI, FL 33172	RR		Title: Name: Address: City-St-Zip:	VPST (X DURAN, MANU 9715 NW 27 TI MIAMI, FL 331	ERR
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VP (ABBOTT, FRAN 9715 NW 27 TI MIAMI, FL 331	ERR
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VP (SANCHEZ, CAI 9715 NW 27 TI MIAMI, FL 331	ERR
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VP (DURAN, MANU 9715 NW 27 TI MIAMI, FL 331	ERR

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: MANUEL A DURAN VPST 01/19/2009