

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040794

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MAXCON CONSTRUCTION & RESTORATION INC.

**Current Principal Place of Business:**

5274 FOUNTAINS DRIVE SOUTH  
#201  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 7556  
DELRAY BEACH, FL 33482

**New Mailing Address:**

**FEI Number:** 27-0156302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUENAS, DANILO  
5274 FOUNTAINS DRIVE SOUTH  
#201  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUENAS, DANILO  
Address: 5274 FOUNTAINS DRIVE SOUTH  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR  
Name: CADAVID, VICTORIA E  
Address: 5274 FOUNTAINS DRIVE SOUTH  
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby 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 all other like empowered.

SIGNATURE: DUENAS,DANILO

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date