2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 24, 2004 8:00 am Secretary of State DOCUMENT # P30022 1. Entity Name 02-24-2004 90008 031 ***150.00 MAXITILE, INC. Principal Place of Business Mailing Address 849 E SANDHILL AVE 849 E SANDHILL AVE CARSON, CA 90746 CARSON, CA 90746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 95-3998636 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -11. VICE PRESIDENT TITLE ☐ Defete TITLE Change X Addition NAME DJURKLOU, NILS MARTIN BENDER NAME STREET ADDRESS 849 E SANDHILL AVE STREET ADDRESS 849 E SANDHILL AVE CITY-ST-ZIP CARSON, CA 90746 CARSON, CA CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change Addition DE METZ, ALAIN NAME NAME STREET ADDRESS ALEJANDRO DUMAS #103 2 PISO STREET ADDRESS CITY-ST-ZIP COL CHAPULTEPECK POLANCO, MX 11560 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition ASTIER, ALBERT NAME NAME ALEJANDRO DUMAS #103 2 PISO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COL CHAPULTEPEC POLANCO, MX CITY-ST-ZIP TITI F ☐ Addition ☐ Detete TITLE ☐ Change DJURKLOU, NILS NAME NAME STREET ADDRESS 849 E SANDHILL AVE STREET ADDRESS CITY-ST-ZIP CARSON, CA 90746 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ~ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MARTIN BENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED