## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P93000013220** A-MAX HOLDING COMPANY Principal Place of Business Mailing Address 1948 N.W. 130 AVENUE 1948 N.W. 130 AVENUE PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 CR2E034 (11/05) 04072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0404122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 8. Name and Address of Current Registered Agent VARGAS, SYLVIA DO NOT WRITE 1948 N.W. 130 AVENUE PEMBROKE PINES, FL 33028 IN THIS SPACE 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 egent and title if applicable PNOTE: Repistered Agent signature tequired when reinstatings DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE VARGAS, SYLVIA NAME STREET ADDRESS 1948 N.W. 130 AVENUE CITY-ST-ZIP PEMBROKE PINES, FL 33028 U00000511142 04/29/06-90039-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP 7177 F IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 kystee 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 graddress. This all other like empowered.

SIGNATURE:

City-St-Zie

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND EFED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/106 305 467.637.

**FILED** 

Apr 17, 2006 08:00 AM