

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057875

Entity Name: MAXA BEAM SEARCHLIGHTS, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

169 TEQUESTA DR.
STE 24 E
TEQUESTA, FL 334691910 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4251
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0438414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMERICK, LESTER, JR.
169 TEQUESTA DR.
24E
TEQUESTA, FL 33469 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIMERICK, LESTER JR.
Address: 135 FAIRVIEW WEST
City-St-Zip: TEQUESTA, FL 33469

Title: S () Delete
Name: LIMERICK, LESTER JR
Address: 135 FAIRVIEW WEST
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER LILMERICK

MR.

06/22/2009

Electronic Signature of Signing Officer or Director

Date