## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000059955

Title:

Name: Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

**Entity Name:** GLOBALMAX ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7500 NW 55 STREET MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** PO BOX 998737 MIAMI, FL 33299 FEI Number: 65-0551644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CACHINERO, ANGEL JUAN, GONZALEZ C 7830 NW 160 TER 7500 NW 55 ST MIAMI LAKES, FL 33016 US US MIAMI, FL 33166 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: JUAN C. GONZALEZ 01/05/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition CACHINERO, ANGEL Name: Name: 7830 NW 160 TERRACE Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: PD Title: () Change () Addition () Delete Name: GONZALEZ, JUAN C Name: 5445 COLLINS AVE #1132 Address: Address: MIAMI, FL 33140 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete VD. GERRERO, MARIANO Name: GUERRERO, MARIANO Name: 529 E. SHERIDAN STREET #405 529 E. SHERIDAN STREET #405 Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: DANIA, FL 33004

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN C. GONZALEZ PD 01/05/2009

( ) Delete

BELLO, FABIAN

4434 NW 113 PLACE

DORAL, FL 33178

() Change () Addition